Submit 5 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

<u>DISTRICT I</u>

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC.								Nell API No.			
Address	-		I INC.						30-025-32270	! :	
P.O. BOX 730, HO	BBS, NM 882	240	-								
New Well	_	Change in Transporter of:				Other (Please explain)					
Recompletion Change in Operator		Oil Dry Gas Casinghead Gas Condense				CHANGE IN BATTERY LOCATION TO CENTRAL BATTERY					
If change of operator give name and addre of previous operator				Condensa	ate			—- 			
II. DESCRIPTION OF WELL AN	D LEASE										
Lease Name VACUUM GLORIETA WEST UN	Well No. Pool Name, Ir VEST UNIT 70 VACUUM GL				DIETA			of Lease State, Federal or Fee Lease No.			
Location	111		107	OOO!N GLOP	NETA			TATE		B-3196	
Unit Letter	G :	2008	_ Feet F	rom The	NORTH_Lin	ne and 1668	Fee	t From The	EAST	Line	
Section 35		Township	178		Range	34E	NMPM _		LEA C	OUNTY	
III. DESIGNATION OF TRANSPO	ORTER OF O	IL AND NA	TURAL	GAS							
Name of Authorized Transporter of	·	Oil 🛛		ndensate	Address (Giv	e address to w	thich approved	conv of this for			
TEXAS NEW MEXICO PIPELINE COMPANY					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS, NEW MEXICO 88240						
Name of Authorized Transporter of Casinghead Gas Dry Gas TEXACO E & P INC/GPM GAS CORP.					Address (Give address to which approved copy of this form is to be sent)						
If Well Produces oil or liquids,	Unit	Unit Sec. Twp. Rge. C 36 17S 34E			Is gas actually connected? Whe			044 PENBROOK AV ODESSA, TX 79762			
give location of tanks								1/27/94			
If this production is commingled with	that from any o	ther lease or	r pool, giv	ve comminglir	ng order numbe	or:					
IV. COMPLETION DATA					1 41 141	1 .2		-	· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completic	on - (X)	Oil V	Vell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Cor	npl. Ready to	o Prod.		Total Depth			P.B.T.D		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		TUDIN	G CAS	CINC AND	CEMENTIN	10.05005					
HOLE SIZE		TUBING, CASING AND CASING and TUBING SIZE				DEPTH SET			SACKS CEMEN		
								<u> </u>			
V. TEST DATA AND REQUEST											
OIL WELL (Test must be a Date First New Oil Run To Tank	Date of T		me of lo	ad oil and mi		o or exceed to ethod (Flow, pu			or be a full 24 h	nours.)	
					1 Todachig Ivie	(r low, pt	mp, yas iii, e	ic.)			
ength of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas - MCF		
CACAMELL				· · · · · · · · · · · · · · · · · · ·			-				
GAS WELL Actual Prod. Test - MCF/D	1. 1. 1				1						
nctual Flou. 168(- MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE									<u></u>		
I hereby certify that the rules and regulation Division have been complied with and that is true and complete to the best of my known	the information di	ven above				OIL C	ONSER\	NOITA	DIVISION		
	wiedge arid belier										
Signature					4	MAR 03 1994					
Monte C. Duncan Engr Asst					Date A	Approved_			• ,		
Printed Name Title					By ORIGINAL SIGNED BY JERRY SEXTON						
3/1/94 397-0418					Title		DISTRI	CT I SUPER	VISOR		
Date Telephone No.					Water principles of controlling to controlling to controlling the controlling to the cont						

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only sections I, II, III, and VI for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.