State of New Mexico

Energy, Minerals and Natural Resources Department

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

**DISTRICT I** 

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								MAIN ADLAIS				
TEXACO EXPLORATION & PRODUCTION INC.								Well API No. 30-025-32270				
Address P.O. BOX 730, HO	DBBS, NM 88240	)				<del></del>			30-023-32270			
New Well	Change in Tra	nsporter of:			·····		Other (DI			<del></del>		
Recompletion						Other (Please explain)  REQUEST TEST OIL ALLOWABLE FOR JANUARY 1994						
Change in Operator	Casinghead G	ine.	H	Condensa	L		(UNIT ALLO	WABLE)	ABLE FURLIANI	JARY 1994		
Onange in Operator	Casinghead G	Condens			ite [_				<u>2996</u> teh			
If change of operator give name and add of previous operator	reiss			- <del> </del>								
II. DESCRIPTION OF WELL AI	ND LEASE											
Lease Name		Well No.	Pool	Name Incli	uding Formation		<del></del> -	Kind of Lease State, Fed	leral or Fee  Lease	No		
VACUUM GLORIETA WEST U	INIT	70 VACUUM GLORI				IETA			25555 115.			
Location		<u>-L </u>						STATE		D-3190		
Unit Letter	_G:20	008 Fe	eet Fr	om The	NORTH Li	ne and 166	88 F	eet From The	FAST I	Line		
0 " 0"												
Section 35	T	ownship <u>1</u>	75		Range _	34E	NMPM		LEA_ CC	YTNUC		
II. DESIGNATION OF TRANSF	PORTER OF OIL	AND NATU	RAL (	GAS								
Name of Authorized Transporter of					Address (Ci				<del></del>			
TEXAS NEW MEXICO PIPELIN		' 🔼	Conc	densate				ed copy of this for	m is to be sent)			
Name of Authorized Transporter of Casinghead Gas Dry Gas					P.O. BOX 2528 HOBBS, NEW MEXICO 88240							
TEXACO E & P INC.						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137 EUNICE, NEW MEXICO 88231						
			Twp.	Rge. Is gas actually connected?				When?				
give location of tanks	С	36	17S	34E	YES	, ••		1/27	/04			
If this production is commingled wit	h that from any other	er lease or por	ol. give	comminalir	og order numb	er:		1727				
IV. COMPLETION DATA	,	- reads at pot	oi, gir	, commingin								
Designate Type of Complet	ion - (X)	Oil Well	1	Gas Well	New Well	Workove	Deeper	n Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl	I. Ready to Pr	rod.		Total Depth	)		P.B.T.D	<u> </u>			
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth						
Perforations 5870' - 6058' (VACUUM GLORIETA)								Double Contra	Depth Casing Shoe			
5870° - 6058° (V	ACUUM GLORIET	4)						Depth Casing	] Snoe			
		TUBING,	CAS	ING AND	CEMENTI	NG RECO	ORD					
HOLE SIZE	CAS	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
V TEST DATA AND DEGUES	T FOR ALL OWA											
V. TEST DATA AND REQUES												
OIL WELL (Test must be Date First New Oil Run To Tank	after recovery of t		of loa	d oil and m					or be a full 24 h	ours.)		
Ale First New Oil Run 10 Tank	Date of Tes	t			Producing M	lethod (Flow,	pump, gas lift	t, etc.)				
ength of Test	Tubing Press	Tubing Pressure				sure		Choke Size	Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls	s.		Gas - MCF	Gas - MCF			
GAS WELL			-									
Actual Prod. Test - MCF/D	1				I							
Cluai Flod. 16st - MCF/D	Length of 1e	Length of Test				nsate/MMCF		Gravity of Co	Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
/I. OPERATOR CERTIFICATE	OF COMPLIANO	E			1							
I hereby certify that the rules and regulat Division have been complied with and th is true and complete to the best of my kr	ions of the Oil Conservation giver	ation				OIL (	CONSER	RVATION I	OIVISION			
Whoth Consey					_			FEB 01 1	92			
Signature  Monte C. Duncan  Engr Asst					Date	Approve	d	ECD VI	JJ7			
	<u>-</u>				Ву		ORIGINA	i Šighien nu	JERRY			
Printed Name Title					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
1/27/94	397	-0418			Title				EK VISUR			
Date	Tele	ephone No		·	1							

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 IV 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.