SISTRICT I

P.O. Box 1980 Hobbs, NM 88241-1980

DISTPICT II P.O. Box Drawer DD, Artesia, NM 88211-0719

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Revised February 10,1994

Instructions on back Submit to Appropriate District Office

Form C-104

5 Copies

Santa Fe, New Mexico 87504-2088

State of New Mexico

y, Minerals and Natural Resources Department

☐ AMENDED REPORT DISTRICT IV P.O. Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OGRID Number Operator Name and Address 022351 TEXACO EXPLORATION & PRODUCTION INC. FEB 77 - Reason for Filing Code 205 E. Bender, HOBBS, NM 88240 (MARCH 1899) RT (355 285) 151545 ⁵ Pool Name ⁶ Pool Code 62340,623**2**6 VACUUM WOLFCAMP, VACUUM UPPER PENN-1625-33850 8 Property Name Property Code Well No. 11050 NEW MEXICO 'Q' STATE NCT-1 II. 10 Surface Location Township Range Lot.ldn Feet From The North/South Line Feet From The East/West Line County UI or lot no. | Section LEA 34-E 400 SOUTH 1900 EAST 0 17-S Bottom Hole Location Feet From The Fast/West Line County Ul or lot no. Section Township Lot.ldn Feet From The North/South Line Range 13 Producing Method Code 14 Gas Connection Date ¹⁵ C-129 Permit Number ¹⁶ C-129 Effective Date 17 C-129 Expiration Date Lse Code S Oil and Gas Transporters 22 POD ULSTR Location 19 Transporter Name ²⁰ POD 21 O/G Transporter and Description OGRID and Address 2476210 0 TEXAS NEW MEXICO PIPELINE CO. 022628 2472130 G DYNEGY MIDSTREAM SERVICES, L.P. 024650 Produced Water ²³ POD POD ULSTR Location and Description V. Well Completion Data ²⁸ PBTD Perforations 26 Ready Date 25 Spud Date 27 Total Depth 32 DEPTH SET 33 SACKS CEMENT 31 CASING & TUBING SIZE 30 HOLE SIZE Well Test Data 37 Length of Test ³⁸ Tubing Pressure 39 Casing Pressure 35 Gas Delivery Date 36 Date of Test 34 Date New Oll 44 AOF 42 Water - Bbls. 43 Gas - MCF 45 Test Method 40 Choke Size Oil - Bbls. I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above Approved By:_ is true and complete to the best of my knowledge and belief. Signature Title:_ Printed Name J. Denise Leake **Engineering Assistant** Title Approval Date:___ 2/18/99 Date Telephone 397-0405 47 If this is a change of operator fill in the OGRID number and name of the previous operator Title Printed Name Previous Operator Signature