Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobits, NM 88240

State of New Mexico En Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.							Well	Well API No. 30 025 04000			
Address								30 025 04000 OK			
P. O. Box 730 Hobbs, Nev	v Mexico	8824	0-25	28							
Reason(s) for Filing (Check proper box)	·····				X Out	es (Please exp	lain)				
New Well		Change is	1	porter of:	EF	FECTIVE 6	5-1-91				
Recompletion	Cil	느	Dry								
Change in Operator	Casinghead	Gas _	Cond	Sensate							
	co Produ		с	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-	2528		
II. DESCRIPTION OF WELL	AND LEA	SE Well No.	Dool	No- Includ	ica En-ortica	•	Kind	of Lease		\1-	
					State,			Federal or Fee 524100			
Location			1201	WONT TATE	20 7 114110	CIT (FITO C	JAS) ISTA	LE		-	
Unit Letter			Feet From The SOUTH Line and 660					Feet From The EAST Line			
Section 13 Township	, 19	S	Rang	e 36E	, N	мрм,		LEA		County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		OF O		ND NATU		e address to w	hick approve	l come of this	form is to be se		
None	<u> </u>	Or Consor									
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Texaco Exploration and Production Inc.								copy of this form is to be sent) e, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp		Rge.	is gas actually connected? YES		When	nea ? 03/01/90			
If this production is commingled with that for	rom any othe	r lease or	pool, g	give commingl	ing order zum	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		Don't to			Total Depth		<u> </u>	<u> </u>	1	1	
Date Spudded Date Compl. Ready to Prod.								P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	ng Shoe		
TUBING, CASING AND					CEMENTI	NG RECOR	LD.				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	·										
								 			
V. TEST DATA AND REQUES					•			1		J `	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					,	····					
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
W onny than one and a second								<u></u>			
VI. OPERATOR CERTIFICA				NCE		DIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulat Division have been complied with and th	at the inform	nation give		ve						/1 \	
is true and complete to the best of my kn	rowiedge and	ocief.			Date	Approve	<u>لا</u> d	UN	1901		
Z.M. Willer								``*	1001		
Signature K. M. Miller		Div. Op		Engr.	By_	<u>.</u>	9100 F. September	e of a file of position sign	osatun. 9		
Printed Name May 7, 1991		915-6	Title 588-	4834	Title.						

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 of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.