TRIPT 1). Box 1980, Hobbs, NM 88240

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

State of New Mexico

Ept. , Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQU	EST FO	R AL	LOWAE	LE AND A	AUTHORIZ TURAL GA	\S				
Operator Texaco Exploration and Production Inc.								API No. 025 04260)	OK	
	ew Mexico	88240	-252	3	X Oth	er (Please expla	uin)				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator			Franspo Dry Ga Conden			FECTIVE 6	=				
Calago a Option	aco Produ		.	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	2528		
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Inclu STATE K COM 1 EUMONT YAT				•	•	ON (PRO G	State	of Lease Federal or Fed	ederal or Fee		
Location Unit Letter K	;1980			om The SC		e and198(eet From The	WEST	Line	
Section 13 Towns	12 205 - 3					мрм,		LEA	LEA County		
III. DESIGNATION OF TRA	NSPORTEI	R OF OI or Condens		D NATU	RAL GAS Address (Given	ne address to wi	hick approve	l copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Texaco Exploration and Production Inc.					Р.	0. Box 11	37 Euni	copy of this form is to be sent) e, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	f tanks.				YES			UNKNOWN			
If this production is commingled with the IV. COMPLETION DATA	at from any oth			e comming	ling order num		Deepea	Plug Reck	Same Res'v	Diff Res'v	
Designate Type of Completio		Oil Well	_i_	CHE WELL	Total Depth	WOLOVE		P.B.T.D.			
Date Spudded		i. Ready to									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations	<u></u>							Depth Casir	ng Shoe		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU. OIL WELL (Test must be after	EST FOR A	LLOW A	ABLE of load	oil and mus	t be equal to o	r exceed top all	owable for ti	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL					Ibile Conde	amle/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D		Length of Test				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)									
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	gulations of the nd that the info ny knowledge a	Oil Conser	vation		Dat	OIL COI	ed				
Signature K. M. Miller		Div. Op		Engr.	H	Oxfin 25			 		
Printed Name May 7, 1991 Date		915-0 Tele	Title 688-4 ephone		Title	€	······································				

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

Date

- 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.