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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico L..ergy, Minerals and Natural Resources Departme...

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>	7	OTRA	NSP	ORT OIL	L AND N	ATURAL G				
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 05629				
Address							30	025 05629	····	<del></del>
P. O. Box 730 Hobbs, Ne	w Mexico	88240	0-252	28						
Reason(s) for Filing (Check proper box)					X c	ther (Please expli	ain)	<del></del>		
New Well Change in Transporter of: EFFECTIVE 6-1-91										
Recompletion X	Oil Casinahaad	_	Dry G Conde							
If shapes of anomalous since some	Casinghead					<del></del>	_			
and address of previous operator IEXE	co inc.	P. 0.	Box	730	Hobbs, N	ew Mexico	88240-2	528		<del> </del>
II. DESCRIPTION OF WELL			<del>,</del>							
Lesse Name Well No. Pool Name, Include AMERICAN NATIONAL INS 1 EUNICE MONU					~			ota Liadarrilas Esa I		No.
Location	t_	<u> </u>	LEOIN	CE MUNU	MENI (G	-5A)	IFEE	<del></del>	013030	<del></del>
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line										
Section 18 Township 19S Range 37E , NMPM, LEA County										
III. DESIGNATION OF TRAN	SPORTER	OF O	IL AN	D NATU	RAL GAS	S				
Name of Authorized Transporter of Oil or Condensale										
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1589 Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit :	Sec. 18	Тwp. 19S	Rge.						
If this production is commingled with that	from any othe	r lease or p	pool, gi	ve comming	ling order nu	mber:				
IV. COMPLETION DATA		Oil Well		Gas Well	New Wel	I Workover	Deepen	Plug Back San	ne Res'v Dif	f Res'v
Designate Type of Completion		Ļ			20.15	<u>i</u>				
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Ga	Top Oil/Gas Pay Tubing Depth				
Perforations						Depth Casing Shoe				
TUBING, CASING AND						ING RECOR	D	<u> </u>	···	
HOLE SIZE CASING & TUBING SIZE				SIZE		DEPTH SET		SAC	KS CEMENT	
				<del></del>		<del></del>			<del></del>	
					<del></del>					
U moon name and name										
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to c	or exceed top allo	wable for this	depth or be for fi	ill 24 hours.)	
Date First New Oil Run To Tank  Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL	<u> </u>				·			<u> </u>		
Actual Prod. Test - MCF/D   Length of Test						nsate/MMCF		Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF C	OMPI	JAN	ICE.				l	<del></del>	
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 is true and complete to the best of my knowledge and belief.					Date ApprovedJUN 0 3 1991					
2.M. Willer					Orig. Signed by					
Signature					By Paul Kautz					
K. M. Miller Div. Opers. Engr.  Printed Name Title April 25, 1991 915–688–4834					Geologist Title					
Date	<del></del>		hone N							

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.

/ RECEIVED

MAY 2 3 1991

