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

## State of New Mexico En: , Minerals and Natural Resources Department

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator Toyago Exploration and Braduction Inc.								API No. 025 05795 🗸			
									· ·		
Address P. O. Box 730 Hobbs, Nev	v Movico	88240	1_252	Ω							
Reason(s) for Filing (Check proper box)	W MEXICO	80240	7-232	.0	X Othe	T (Please expla	gin)				
New Well Change in Transporter of: EFFECTIVE 6-1-91											
ocompletion Oil Dry Gas											
Change in Operator	Casinghead	Gas 🗌	Conde	nsate							
If change of operator give name  Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No.   Pool Name, Including F					g Formation Kin			Le	Lease No.	
COOK HARTLEY	1 EUNICE MONU				SUL			Federal or Fee 139320		20	
Location											
Unit Letter A	Feet From The NORTH					TH Line and 710 Fee			t From The EAST Line		
Section 32 Township 19S Range 37E						, NMPM,			LEA County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corporation					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.	Twp.	Rge.	is gas actually connected? YES		When	When ? UNKNOWN			
If this production is commingled with that i	from any other	r lease or	pool, gi	ve comming	ling order numl	per:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I WEIL	í	Oas Well			Dupu	l ling back	Same Res		
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/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>	Depth Casing Shoe					
	77	IRING	CASI	NG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEIVIERTIA	DEPTH SET			SACKS CEMENT		
11000 0120	O/Ionia di Ionia										
								ļ. <u></u>		<del></del>	
	TEOD	LLOW	DIE		<u> </u>			<u> </u>			
V. TEST DATA AND REQUES	I FUK A	LLUW A	ABLE	oil and must	he equal to or	exceed top all	owable for thi	s depth or be t	or full 24 how	·s.)	
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					Producing Me	thod (Flow, ps	ump, gas lift, e	tc.)		<del></del>	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbis.			Gas- MCF		
CACAMELL	<u> </u>	<del></del>			<u> </u>			<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of T	csl		<u>, , , , , , , , , , , , , , , , , , , </u>	Bbls. Conden	sate/MMCF		Gravity of C	Condensate	<del></del>	
					10-1-5				Onoke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		OIL CON	ICEDY	ATIONI	טואוטיס	AN!	
I hereby certify that the rules and regularizing have been complied with and	ations of the that the information	Oil Conser mation give	vation			-				VIN .	
is true and complete to the best of my i		d belief.			Date	Approve	d		* /}		
Signature					By_	ORIGINA Di			CENTANCE		
K. M. Miller Div. Opers. Engr.  Printed Name Title					11				>		
May 7, 1991		915-6	phone l				<del></del>		<del> </del>		
Date		1 516	Marie 1	₩.	11						

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.