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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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A.		10 IA	ANSPU	JAI UII	L AND MA	TURA	LUAS	) 					
Operator Texaco Exploration and Production Inc.									Well API No. 30 025 05797 DK				
Address P. O. Box 730 Hobbs. N	ew Mexico	8824	0-252	 B									
Reason(s) for Filing (Check proper box)		, 5524	<u> </u>	<del></del>	X Ou	er (Pleas	e explain	, <del></del>					
New Well		Change is	a Transpo	rter of:	_		VE 6-1						
Recompletion	Oil		Dry Ga	_				• •					
Change in Operator		d Gas 🔯	•										
If change of operator give name	aco Produ			P. O. Bo	× 730	Hobbo	Now	Mavias	99940				
and address of previous operator  II. DESCRIPTION OF WELI			<u> </u>	<b>Р. О.</b> ВО	X 730	HODDS	, new	Mexico	88240-	2528			
Lease Name Well No. Pool Name, Inch.					ding Formation				Kind of Lease No.				
STATE H	1 1				UMENT (G-SA)				State, Federal or Fee 767				
Location													
Unit Letter K	:1980	: 1980 Feet From The S				DUTH Line and 1980				Feet From The WEST Line			
Section 32 Towns	hip 1:	98	Range	37E	, N	MPM,	··	·····	LEA		County		
III. DESIGNATION OF TRA	NSPORTE			D NATU									
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	c 🖾	or Conde	SME		1					orm is to be se	*		
Name of Authorized Transporter of Casi Texaco Exploration	Address (Give address to which approved copy of this form is to be sent)  Warren Petroleum Company												
If well produces oil or liquids,	Rge.							<del></del> ;					
give location of tanks.	K	32	Twp. 198	37E	1 -	YES				KNOWN			
If this production is commingled with the IV. COMPLETION DATA	t from any oth	er lease or	pool, give	e comming	ing order num	ber:							
Designate Type of Completion		Oil Well		ias Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		Date Compl. Ready to I		<del></del>	Total Depth			P.B.T.D.	<u> </u>	<u> </u>			
Flevations (DF RKR RT GR etc.) Name of Ductions Committee					Top Oil/Gas Pay								
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Ole Cas Tay				Tubing Depth				
Perforations									Depth Casin	g Shoe	<del></del>		
	G AND	CEMENTING RECORD				·							
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
·													
	ļ <u> </u>												
							<del></del>		ļ				
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE		<u> </u>	<del></del> -			1				
_				il and must	be equal to or	exceed to	e allowai	ble for this	depth or be f	or full 24 hour	er)		
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 Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF				
O LO TERRE I	<u> </u>					-				<del></del>			
GAS WELL Actual Prod. Test - MCF/D	Length of T				Bhis Conden	no la AAAA	<del></del>		Coming of C	******	<del></del>		
Acomi Flot. Tex - MCF/D	Bbis. Condensate/MMCF				Gravity of Condensate								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	СОМР	LIANO	CE									
I hereby certify that the rules and regu				-		)IL C	ONS	ERVA	TION [	DIVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data Annual IIIM () 9 1001								
J.M. Willer						Date Approved JUN 0 3 1991							
Signature K. M. Miller Div. Opers. Engr.					By ORIGINAL SCONED IN LAY SEXTON								
Printed Name May 7, 1991			Title 88–48		Title_	•					<del></del> .		
Date			phone No.	<del></del> 1				-					

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 Puls 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.