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

State of New Mexico 1 agy, Minerals and Natural Resources Departme.

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 06031 TEXACO EXPLORATION AND PRODUCTION INC. 30-025-99059 P.O. BOX 730 HOBBS, NEW MEXICO 88240 Reason(s) for Filing (Check proper box) Other (Please explain) **EFFECTIVE NOVEMBER 1, 1993** New Well Change in Transporter of: Dry Gas Recompletion Casinghead Gas

Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No. T ANDERSON MONUMENT BLINEBRY Location <u>.</u>2173 Feet From The SOUTH Line and 2173 Feet From The EAST Unit Letter ____ Line 8 20-\$ Range 37-E Township . NMPM. LEA County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS EOTT OIL PIPELINE CO. E CONDENSALE

Name of Authorized Transporter of Casinghead Gas X or Dr

WARREN PETROLEUM CORP. Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666 HOUSTON, TEXAS 77210-4666 or Dry 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 ITwp Sec. Rge. Is gas actually connected? When? 8 | 20S | 37E YES UNKNOWN If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Oil Well Gas Well Plug Back Same Res'v Diff Res'y Designate Type of Completion - (X) Date Spudded Total Depth 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 Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 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 - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above NOV 12 1993 is true and complete to the best of my knowledge and belief. Date Approved By_ Signatur ORIGINAL SIGNED BY JERRY SEXTON MONTE C. DUNCAN ENGR. ASST. DISTRICT I SUPERVISOR Printed Name 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

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

393-7191

Telephone No.

- 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.

Date

11-8-93

RECEIVED

OFFICE