Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Ene 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 II P.O. Drawer DD, Arlesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			R ALLOWAE							
TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
Texaco Exploration and Production Inc.					30 025 30248					
Address		00040								
P. O. Box 730 Hobbs, No Reason(s) for Filing (Check proper box)		88240-	2528	X Out	es (Piease expla	rin)				
New Well		Change in Tr	ansporter of:	_	FECTIVE 6	=				
Recompletion	Oil	~ ~ ~ ~ ·	ry Gas							
Change in Operator	Casinghea	d Gas 🔲 Ca	ondensate 🔲							
		ucing Inc.	P. O. Bo	× 730	Hobbs, Ne	w Mexico	88240-25	528		
II. DESCRIPTION OF WELL Lease Name	PTION OF WELL AND LEASE   Well No.   Pool Name, Inclu			ling Formation Kind (			of Lease	<del>-</del>	ease No.	
SKELLY D STATE			ONUMENT A				State, Federal or Fee		43	
Location		1-"	OHOMENT A			ISTAI	<u> </u>			
Unit Letter	:2310	)Fe	set From The SC	OUTH Lin	e and330		et From The E	AST	Line	
Section 1 Towns	nip 2	os <sub>Ri</sub>	inge 36E	, N	MPM,		LEA		County	
III. DESIGNATION OF TRAINAME OF Authorized Transporter of Oil Texas New Mexico Pipeline	<b>ID</b>	OF OIL or Condensate		Address (Giv		• •	copy of this for		•	
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 P	Unit Sec. Twp. Rge. is gas actually connected?					When ? 06/26/90			
If this production is commingled with tha  IV. COMPLETION DATA	t from any oth	er lease or poo	d, give comming	ing order num	ber:	<b></b>				
Designate Type of Completion	ı - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	ol. Ready to Pr	od.	Total Depth	<del>*</del> -	*	P.B.T.D.		<del>-1</del>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	<del></del>	TIDDIC C	A CINIC ANID	CELENTY	NC DECOR		<u> </u>			
HOLE SIZE					CEMENTING RECORD			CACUC CEMENT		
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE OIL WELL (Test must be after				he equal to pe	exceed top allo	mable for this	denth or be for	full 24 how		
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)  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		<del></del>	· · · · · · · · · · · · · · · · · · ·				1			
Actual Prod. Test - MCF/D					Bbis. Condensate/MMCF			Gravity of Condensate		
				Casing Pressure (Shut-in)			Chake Size			
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)							Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF	COMPLI	ANCE					<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	Approved	. JU	Nv. Y	) <b>t</b>		
2/M. Miller				Date Approved						
Signature K. M. Miller		Div. Opers					<del></del>		<del></del>	
Printed Name May 7, 1991		Tit 915–688		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.

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.