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

## State of New Mexico nergy, Minerals and Natural Resources Depart

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l,	<u> </u>	O THAN	SPORT OIL	AND NA	TURAL GA	45				
Operator Texaco Inc.					Well API No. 3002530818					
Address P.O. Box 730 Hobbs, No	ew Mexic	o 88240								
Reason(s) for Filing (Check proper box)				X Oth	ет (Please expla	tin)				
New Well		Change in Tr	ansporter of:	<del>_</del>	•	•				
Recompletion	Oil		ry Gas	Correc	tion of	locatio	n of oil	tanks		
Change in Operator	Casinghead		ondensate							
If change of operator give name			Onochade							
and address of previous operator	ANDIE	<b>675</b>			- <u> </u>	<u> </u>			,	
II. DESCRIPTION OF WELL	· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·		
Lease Name William Weir	, , , , , , , , , , , , , , , , , , ,						of Lease No. Federal on Fee			
Location P	6	60 <sub>E</sub>		South		660	<del></del>	П-		
Onk Letter		Fe	eet From The	Lin	e and	660 Fe	et From The _	Ea	St Line	
Section 23 Townshi	i <b>p</b> 198	R	ange 36E	, N	МРМ,			Lea	County	
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil		or Condensat	K121	i	e address to wh					
Texaco Trading and Transportation Inc.					P.O. Box 60628 Midland, Texas 79711-0628					
Name of Authorized Transporter of Casinghead Gas or Dry G				Address (Giv	ve address to wh	ich approved	copy of this fe	rm is to be se	nt)	
Texaco Producing Inc.				P.O. Box 1137 Eunice, New Mexico 88231						
If well produces oil or liquids,					y connected?	When				
give location of tanks.	I E	25	198 36E	Yes	•	i	9-24-90	١		
If this production is commingled with that					ber:	<del></del>	7-24-91	·		
IV. COMPLETION DATA										
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	l. Ready to Pr	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	·-···							<b></b>		
	TUBING, CASING AND					D				
HOLE SIZE CASING			IG & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						,		* *************************************	· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUE	ST FOR A	LLOWAE	BLE	İ						
OIL WELL (Test must be after				be equal to or	exceed top allo	wable for thi	s depth or be t	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	····		<del>,                                      </del>	ethod (Flow, pu			<u> </u>		
Length of Test	Tubing Pres	Tubing Pressure			ите		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls			Water - Bbls			Gas- MCF		
<u> </u>										
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	est		Bbis. Conder	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in	)	Casing Pressure (Shut-in)			Choke Size			
M ODED ATOD CEDETO		CO1 (7)	TANCE	·			1			
VI. OPERATOR CERTIFIC	ATEOF	COMPL	IANCE	/	OIL CON	ICEDV	ATION	טואופוכ	NA I	
I hereby certify that the rules and regu				'	JIL CON	IOEH V	ATION	אופואוח	NIN .	
Division have been complied with and			above				16500	11,100		
is true and complete to the best of my	knowledge an	d belief.		Date	Approve	d	MAC	1001		
=109				1			·			
71. ( Dence				_	4 .					
Signature				∥ By_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u></u>		
M.C. Duncan	Engin		ssistant			* = "	*	A.		
Printed Name	-	T	itle	Title						
3-22-91		393-7								
Date		Teleph	one No.	H						

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.