

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Texaco Exploration and Production Inc.
Well API No. 30-025-30932
Address
P.O. Box 730 Hobbs, New Mexico 88240-2528
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of: ☒ Other (Please explain) EFFECTIVE 6-1-91
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Operator ☒ Casinghead Gas ☒ Condensate ☐
If change of operator give name and address of previous operator Texaco Producing Inc. P.O. Box 730 Hobbs, New Mexico 88240-2528

II. DESCRIPTION OF WELL AND LEASE
Lease Name State IT Well No. 3 Pool Name, Including Formation Eumant Yaks 7 River (Pro Gas) Kind of Lease (State) Federal or Fee Lease No. B-2330
Location
Unit Letter L : 1980 Feet From The South Line and 760 Feet From The West 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)
None
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Texaco Exploration and Production Inc. P.O. Box 1137 Eunice, NM 88231
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
Yes 1-9-91
If this production is commingled with that from any other lease or pool, give commingling order number:

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. Ready to Prod. 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
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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature M.C. Duncan Engineer's Assistant
Printed Name Title
7-8-91 39307191
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved JUN 03 1991
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title