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

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

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

DIS (RICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTR	ANSF	ORT OIL	AND NA	TURAL G					
Operator Texaco Exploration and Production Inc. Well 30								API No. 025 06062			
Address						······································					
P. 0. Box 730 Hobbs, Nev	v Mexico	8824	0-25	28		on (Diana and					
Reason(s) for Filing (Check proper box) X Other (Please explain)											
Recompletion Dry Gas											
Change in Operator X	Casinghead	Gas	Conde	neate							
If change of operator give same 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	Well No. Pool Name, Including Formation						Kind of Lease State, Federal or Fee 880140				
C H WEIR B 5 SKAGGS GLORIETA FEE 880140											
Unit Letter G: 1980 Feet From The NORTH Line and 1650 Feet From The EAST Line											
Section 11 Township 20S Range 37E , NMPM, LEA County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Shuten											
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent) SHUT-IN										ud)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas SHUT-IN					Address (Give address to which approved copy of this form is to be sent)					ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rge.	is gas actual	y connected?	When	?			
If this production is commingled with that f	rom any othe	r lease or	pool, g	ve commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	ı	Gas Well	New Well	Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Designate Type of Completion	- (X) Date Compl	Pandu t			Total Depth	<u> </u>	<u> </u>	<u> </u>			
Date Spudded	Date Comp.	. Kendy u	o Piou.					P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
Perforations					Depth Casing Shoe						
TUBING, CASING AND					CEMENTI	NG RECOR	D	·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT		
									_		
U mpom p a ma a vin provinc	T FOR A	LOW	ADIE								
V. TEST DATA AND REQUES OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for this	depth or be for	full 24 how	rs.)	
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.)						
	Tubing Pressure Casing Pressure Choke Size										
Length of Test	Tubing Pressure				Catalog Freshore						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					L						
Actual Prod. Test - MCF/D	Length of Test				Bbis. 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					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.					Sun Annual WUN ()						
- (-					Date	Approve	-				
- Z.M. Willer					ByOMOGRAE DESARTED SAFETY OF THE PROPERTY O						
Signature K. M. Miller Div. Opers. Engr.					DETE OF SUPERIOR						
Printed Name May 7, 1991		915-6			Title						
Date		Tele	abone h	<u></u>	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.

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RECHIVED

MAY 2 3 1991