Submit 5 Caries
Appropriate Dirrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		IU IAA	MOP	ON I OIL	AND NA	I OT IAL GA	Well A	Pl No.			
Operator Texaco Exploration and Production Inc.							30 (30 025 06149 CR			
Address											
P. O. Box 730 Hobbs, Nev	w Mexico	8824	0-252	.8	M7 01	(5)					
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:						X Other (Please explain) EFFECTIVE 6-1-91					
New Well Recompletion	Oil	Cuange	Dry G								
Change in Operator	Casinghea	d Gas 🔲	Conde	_							
If change of operator give name Toxa	co Produ	icina Inc	G.	P. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-2	2528		
and address of previous operator II. DESCRIPTION OF WELL				<u> </u>							
Lease Name		Well No.	Pool N	iame, Includi	ng Formation			Kind of Lease State, Federal or Fee		Lease No. 685348	
SKELLY F STATE	SKELLY F STATE 1			CE MONU	MENT (G-	SA)	STAT		08334		
Location Unit Letter P	:330		_ Feet F	rom The SC	OUTH Lin	and330	Fe	et From The	EAST	Line	
47	20	os	D	37E	N	MPM,		LEA		County	
Section Townshi	<u> </u>					VII IVG					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde			Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
Shell Pipeline Corporation					1	P. O. Box					
Name of Authorized Transporter of Casin Warren Petroleu	CX or Dry Gas					proved copy of this form is to be sent) Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec. 17	Twp.	Rge.	is gas actually connected? YES		When	en ? UNKNOWN		•	
If this production is commingled with that	from any oth	er lease or	pool, g	ve comming	ling order num	ber:					
IV. COMPLETION DATA						·	·····		12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready t	o Prod.		Total Depth	1		P.B.T.D.	1	<u>. </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u></u>			Depth Casing Shoe			
								<u> </u>			
	1	TUBING	, CAS	ING AND	CEMENT	NG RECOR	D	 			
HOLE SIZE CASING & TUBING SI				SIZE	DEPTH SET			SACKS CEMENT			
	 				 -						
	 -				 			 			
	 				 						
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	2	<u> </u>						
OIL WELL (Test must be after t	recovery of le	otal volume	of load	oil and mus	be equal to o	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	:st			Producing M	ethod (Flow, p	ump, gas iyi,	iic.j			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
William Liver Smith 1444								<u>l</u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nsate/MMCF		Gravity of	Condensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pilot, back pr.)	Indied Lieserie (2008-m)										
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE			JOEDY	ATION	חואופור)NI	
I hereby certify that the rules and regularization have been complied with and	lations of the	: Oil Conse emation gi	avation			OIL COI	NOENV	AHON	DIVISIO	ЛN	
is true and complete to the best of my	knowledge a	ind belief.			Date	e Approve	ed	· · · · · · · · · · · · · · · · · · ·			
2/m. Willer	,										
Signature K. M. Miller		Div. O	pers.	Engr.	by_	,					
Printed Name May 7, 1991		915-	Title -688-	4834	Title						
Date		Te	lephone	No.							

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.