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

State of New Mexico Energy, 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., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

<u>I.</u>	REQUESTO 1	FOR ALLO	WAE	BLE AND AUTHOR	IZATIO	N			
Operator TO TRANSPORT OIL AND N					Well API No.				
Texaco Producir			30-025-06312						
Address P.O. Box 730, H		30 025-00312							
Reason(s) for Filing (Check proper i	lobbs, NM 882	40							
New Well		ge in Transporter of	c .	Other (Please exp	lain)				
Recompletion	Oil	Dry Gas	$\overline{\mathbb{X}}$						
Change in Operator	Casinghead Gas	Condensate	\Box						
If change of operator give name and address of previous operator			<u> </u>						
IL DESCRIPTION OF WE	LL AND LEASE								
ease Name Well No Book Name Tout				line Formation				·	
New Mexico "H" St	ate NCT-1 24	Eumont	Ya	tes 7 River Que	San S	ind of Lease ate, Federal or Fe		ease No.	
Location							B-	-160	
Unit Letter I	:1651	Feet From The	e <u>S</u> c	outh Line and	91	Feet From The	East	Line	
	mahip 20S		37E	, NMPM,		L	ea	County	
III. DESIGNATION OF TR Name of Authorized Transporter of C	ANSPORTER OF	OIL AND NA	TUR	AL GAS					
None	or Cor	densate		Address (Give address to wi	hich appro	wed copy of this f	form is so be se	ini)	
Name of Authorized Transporter of C Texaco Producing I	asinghead Gas	or Dry Gas	X .	Address (Give address to wi	tich appro	ved copy of this f	orm is to be		
If well produces oil or liquids				P.O. Box 1137,		, NM 88231			
give location of tanks.	Unit Sec.	Twp.	Rge. 1	s gas actually connected?		nen ?	0231		
f this production is commingled with IV. COMPLETION DATA	that from any other lease	or pool, give comm	ninglin	Yes g order number:	L_	02-01	1-90		
	louv								
Designate Type of Completi	on - (X)	eli Gas Wei	11	New Well Workover	Deeper	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	to Prod.		otal Depth	<u> </u>		Ĺ <u> </u>		
Claumines (DE DER DE CD						P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			T	op Oil/Gas Pay	Tubing Dept	Tubing Depth			
erforations					Denth Casing	Depth Casing Shoe			
	TIDINI	CASDAG					, oike		
HOLE SIZE	CASING	J, CASING AN	VD C	EMENTING RECORI)				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET	S	SACKS CEMENT			
						!			
TEST DATA AND REQU	EST FOR ALLOV	VABLE							
tate First New Oil Run To Tank	usi be	t be equal to or exceed top allowable for this depth or be for full 24 hours.)							
	Date of Test		Pr	Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Pressure			using Pressure	Choke Size	Choke Size			
nual Prod. During Test Oil - Bbis.			117	- Pi		Gas- MCF			
				ater - Bbis.	Gas- MCF				
SAS WELL						<u> </u>			
ctual Prod. Test - MCF/D	Length of Test		Вь	ls. Condensate/MMCF		Convinue of Co		·	
sting Method (pitot, back pr.)					Olavity of Co	Gravity of Condensate			
(Gla-m)		Ca	sing Pressure (Shut-in)	Choke Size	Choke Size				
I. OPERATOR CERTIFIC	CATE OF COM	DI TANICIE	— <u></u>						
I nereby certify that the rules and rec	Itlations of the On Co.		-	OIL COM	SEDV	ATION D	W.//CION		
Division have been compled with and that the information				OIL CONSERVATION DIVISION APR 1 1 1990					
is true and complete to the best of my	knowledge and belief.		li	Data Ass		APK I	T 1880	1	
Ja Hera				Date Approved					
Signature A. Head Area Management				By ORIGINAL SIGNED BY JERBY SEXTON					
Printed Name	Area Ma				9974 3	16. 7 1 5 1 1 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C			
04-06-90	(505) 393	Title 3-7191		Title					
Date		phone 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
- 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.