Submit 5 Copies
Appropriate District Office
DISTRICT.
P.O. Box 194 J. Hobbs, NM 88240

State of New Mexico Ene 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

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azlec, NM 87410						AUTHOR					
I. Operator		IO IRA	NSF	OHI OI	L AND NA	ATURAL G		API No.	<del></del>		
Texaco Exploration and Production Inc.							li li	025 06794		אכז	
Address	<del></del>							<del></del>			
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-25	28			<del> </del>				
Reason(s) for Filing (Check proper box)						her (Please exp	•				
New Well	Change in Transporter of: EFFECTIVE 6-										
Recompletion	Oil Corinebas			_							
If shapes of geometry give name	Casinghea				<del></del>			· ···, · · · · · · · · · · · · · · · ·		<del></del>	
and address of previous operator Texa	co Produ	icing Ind	<u>c.</u>	P. O. Bo	x 730	Hobbs, Ne	ew Mexico	88240-2	528		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No.   Pool Name, Inc.			Name, Includ				of Lease	Codemica Coa		
S J SARKEYS	4 BLINEBRY OIL			AND GAS FEE			Federal or Fee	6485	30		
Location											
Unit LetterF	<u> 1980 :</u>		Feet F	From The N	ORTH L	ne and198	<u>0</u> F	set From The $\frac{V}{V}$	/EST	Line	
		D 470 4		LEA		<b>.</b> .					
Section 26 Township 21S Range 37E						VMPM,	<del></del>	LEA County		County	
III. DESIGNATION OF TRAN	JCPARTE!	R OF O	TE. AN	ND NATT	IRAL GAS	· ·					
Name of Authorized Transporter of Oil	וסו סאוניי	or Conder					hich approve	copy of this for	m is to be se	ent)	
Texas New Mexico Pipeline	لـــا	1670 Broadway Denver, Colora				ido 8020	)2				
Name of Authorized Transporter of Casin	y Gas	Address (Give address to which approved copy of this form									
Texaco Exploration and Production Inc.					P. O. Box 1137 Eunice, New Me				xico 882	231	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 26	Twp.	Rge   37E	ls gas actua	lly connected?	Wher		'NO) 4 /N	•	
<u></u>	<b></b>		I		· · · · · · · · · · · · · · · · · · ·	YES		UNK	NOWN		
If this production is commingled with that  IV. COMPLETION DATA	Irom any out	er lease or	poot, g	ive communi	hing order nun	noer;		· · · · · · · · · · · · · · · · · · ·		·····	
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i		1	1	2	,		1	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	ame of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					<u></u>			Depth Casing Shoe			
Perforations								Depth Casing	Shoe		
		LIDING	CASI	NG AND	CEMENT	ING DECOR	<u> </u>	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEF III DET			SACKS CEMENT			
	<del> </del>					<del>11.1</del>					
	1										
					I						
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r			of load	oil and mus		r exceed top all lethod (Flow, p			full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	t .			Producing N	ietnoù ( <i>r tow, p</i> i	wrp, gas iyi.	uc.)			
Length of Test	Tubing Pres	aire		<del></del>	Casing Press	RUTE		Choke Size			
	violing a sessing				•						
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
-											
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D	Length of T	est		······································	Bbis. Conde	nsate/MMCF		Gravity of Co	ndensate		
Testing Method (pilot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
									·		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		011 001	IOED:	ATION -			
I hereby certify that the rules and regula					11 (	OIL CON	NOEHV	ATION D	IVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							24 t.	1 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ាក។		
Marke and compact to the test of my i	TOWNERS SIX	. venet.			Date	e Approve	ىڭــــ b	IN 1131	111		
Im mille	1										
Signature					By Organia Market Ay Day (1997)						
K. M. Miller Div. Opers. Engr.					P (1842.)   10.000   28						
Printed Name		915-6	Title	1924	Title	) <u></u>					
May 7, 1991			nhone 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.