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

## State of New Mexico Ł \_gy, Minerals and Natural Resources Departme.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No. Operator 30 025 06910 **Texaco Exploration and Production Inc.** Hobbs, New Mexico 88240-2528 P. O. Box 730 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Oil Recompletion  $\overline{\mathbf{X}}$ Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator

Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE EUMONT YATES SEVEN RIVERS QUEEN FEE Lease No. Well No. Pool Name, Including Formation Lease Name 317230 V M HENDERSON Location Feet From The NORTH Line and 1980 Feet From The WEST 660 Unit Letter \_\_ Line **LEA** 30 Township 215 Range 37E County . NMPM. Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate  $\mathbf{X}$ Shell Pipeline Corporation P. O. Box 2648 Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas \_\_\_\_ Texaco Exploration and Production Inc. P. O. Box 1137 Eunice, New Mexico 88231 Twp. Rge. Is gas actually connected? When? If well produces oil or liquids, Unit Sec. 218 | 37E give location of tanks. H 30 UNKNOWN YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded P.B.T.D. Too Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** HOLE SIZE CASING & TUBING SIZE 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation <u>J</u>UN () () 1991 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_\_\_ Orig. Signed by Paul Kautz By\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

May 7, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

Geologist

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr. Title

915-688-4834 Telephone No.

- 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.

RECEIVED

MAY 2 3 1991

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