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 Liergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Texaco Exploration and Production Inc. 30 025 06911 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) Other (Please explain) New Well EFFECTIVE 6-1-91 Change in Transporter of: П Recompletion Oil Dry Gas  $\overline{\mathbf{X}}$ 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 Kind of Lease State, Federal or Fee FEE Well No. Pool Name, Including Formation Lease No. V M HENDERSON PADDOCK 317230 Location 660 Feet From The NORTH Line and \_ 1980 Unit Letter \_ Feet From The EAST 30 218 Range 37E Section Township , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil
Shell Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252 Name of Authorized Transporter of Casinghead Gas or Dry Gas \_\_\_\_ Address (Give address to which approved copy of this form is to be sent) Texaco Exploration and Production Inc. P. O. Box 1137 Eunice, New Mexico 88231 Twp. | Rge. Is gas actually connected? YES If well produces oil or liquids, Unit Sec. When? give location of tanks. Н 30 UNKNOWN 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) Date Compl. Ready to Prod. Date Spudded Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT . TEST DATA AND REQUEST FOR ALLOWABLE (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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Water - Bbls Gas- MCF Oil - Bble **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature K. M. Miller

Testing Method (pitot, back pr.)

Printed Name

Div. Opers. Engr. May 7, 1991 915-688-4834

Tubing Pressure (Shut-in)

Date Telephone No.

## OIL CONSERVATION DIVISION

111N () 2 Date Approved \_\_\_\_\_ 1991 By \_\_\_\_ () bogist

Title\_

Casing Pressure (Shut-in)

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.