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

State of New Mexico Energy, 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

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

I.	<u> </u>	TO TR	ANSP	ORTO	IL AND NA	TURAL C	BAS				
								API No.			
Address Six Desta Drive, Suite 5850, Midland, Texas 79705											
Reason(s) for Filing (Check proper box)	Ite 5850	, Mid	land,	Texas							
New Well Change in Transporter of:											
Recompletion Oil Dry Gas Change in name Change in Operator Casinghead Gas Condensate											
If change of operator give name											
and address of previous operator Hall			n, 30	06 W. W	all, Sui	te 600,	Midland	, Texas	79701		
II. DESCRIPTION OF WELL				·						•	
State A Ac 2	Well No. Pool Name, Including Formation Arrowhead Grayburg							of Lease	1	Lease No.	
Location											
Unit Letter H	_:2	310	Feet F	rom The _	North Lin	350 e and	·1	est From The	East	Line	
Section 11 Township 22 S Range 36 E , NMPM, Lea County											
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATI	IRAT. GAS			;	_		
Address (Give address to which approve; copy of this form is to be sent)											
Name of Authorized Toronto (C.)						Box 2648, Houston, Texas 77001					
Texaco Production Inc	Address (Give address to which approved copy of this form is to be sent) Box 728, Hobbs, NM 88240										
If well produces oil or liquids, give location of tanks.	iquids, Unit Soc. Twp. Rgc. Is gas actuall										
If this production is commingled with that	from any othe	r lease or	pool, giv	e commine	ling order numb	~F				·	
IV. COMPLETION DATA			:			~·					
Designate Type of Completion		Oil Well	. i	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Dat; Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
		IDDIG	<u> </u>								
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET						
					DEFIN SET			SACKS CEMENT			
		······································						 			
V. TEST DATA AND REQUES OIL WELL Test must be after re	T FOR AL	LOWA	BLE					<u> </u>		J	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
	Date of Test				I rounding trice	not (Flow, pu	mp, gas iyi, e	ic)			
Length of Test	Tubing Pressure				Casing Pressur	c	··········	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL				I				l			
Actual Prod. Test - MCF/D	Length of Tes	il			Bbls. Condens	te/MMCF	<u> </u>	Gravity of Co	ndensite	 -	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
								Choke Size			
I. OPERATOR CERTIFICA	TE OF C	OMPL	LIAN	CE		" ^^"	0===				
hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledg; in I belief.					Date Approved AUG 2 1 1989						
Was Sent P.					Date Apploved						
Signature Line Scott Bereau					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR						
Wm. Scott Ramsey General Manager Printed Name Title					Title_			· · SOPERV	SOR		
July 13, 1989 915-687-1664								·	 		
		Teleph	one 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.