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 ...ergy, Minerals and Natural Resources Departs.....

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Texaco Exploration and Production Inc. 30 025 20495 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) X Other (Please explain) New Well EFFECTIVE 6-1-91 Change in Transporter of: Dry Gas Recompletion Oil X Change in Operator Casinghead Gas Condensate 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 Well No. Pool Name, Including Formation Lease Name Lease No. 388170 L R KERSHAW MONUMENT TUBB Location 661 Feet From The NORTH Line and 1777 . Feet From The EAST Line 13 205 Section Range 37E Township LEA . NMPM. County 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 Name of Authorized Transporter of Casinghead Gas X or Dry Gas [Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P. O. Box 1589 Tulsa, Oklahoma 74102 If well produces oil or liquids, Unit | Sec. | 13 is gas actually connected? When ? give location of tanks. C 205 37E YES 03/10/66 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 Spudded Total Depth Date Compl. Ready to Prod. 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 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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size **Tubing Pressure** Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Length of Test Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUN 0 3 1991 is true and complete to the best of my knowledge and belief. **Date Approved** Orig. Signed by Paul Kautz By_ Signature Geologist K. M. Miller Div. Opers. Engr.

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

Printed Na

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_

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

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.