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

TRICT II . Drawer DD, Astesia, NM 88210

State of New Mexico En , Minerals and Natural Resources Department

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well ADI No 30 025 20963 Texaco Exploration and Production Inc. Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion $\overline{\mathbf{X}}$ Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 880620 M B WEIR B WEIR BLINEBRY, EAST FFF Location Feet From The SOUTH Line and 2180 Feet From The EAST 660 Line Unit Letter _ LEA Range 37E 205 County 12 , NMPM. Township 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 Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas P. O. Box 1589 Tulsa, Oklahoma 74102 Warren Petroleum Corporation is gas actually connected? When ? Unit Twp. Rge. If well produces oil or liquids, Sec. ٥Ĺ 205 | 37E 12 11/05/64 YES give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.R.T.D. Date Compl. Ready to Prod. Date Spudded Too Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. 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.) OIL WELL 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 Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls **GAS WELL** Gravity of Condensate Rhis Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 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 is true and complete to the best of my knowledge and belief. Date Approved ___ n Miller BY ORIGINAL SIGNED BY AS Signature DISTRICT I SUPERVISOR Div. Opers. Engr. K. M. Miller

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

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.

Se la viso

MAY 8 8 1991