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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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

I.		TO TR	ANS	SPC	RT OI	L AND NA	TURAL G						
Operator Townson Exemplement on an				I API No.									
Texaco Exploration and Production Inc. 30-025-25617										25617			
P.O. Box 730 Hobbs, N Reason(s) for Filing (Check proper box)	<u>ew Mexi</u>	co 88	<u> 240</u>					 					
New Well		Change i	n Tra	nenori	er of:	X On	er (Please expl	ain)					
Recompletion Oil Dry Gas Correcting Gas Transporter													
Change in Operator	Casinghead	i Gas		ndens	_								
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LEA	SE											
Lease Name Getty 2 State Com			ing Formation se Strawn	n, East	(Gas State	of Lease Lease No. Federal or Fee LG-1207							
Location			•					10		L			
Unit Letter F	_ :198	30	_ Fee	t Fron	n The	North Lin	e and198	30 F	eet From The	Wes	tLine	B	
Section 2 Townshi	, N	мрм,			Lea	County							
III. DESIGNATION OF TRAN				AND	NATU								
Name of Authorized Transporter of Oil Texaco Trading and Tra		or Conde		<u> </u>		Address (Giv	e address to wi	hich approved	copy of this f	form is to be se	ni)		
Name of Authorized Transporter of Casin					84 X		x 60628						
Texaco Exploration and		tion	Inc	:.	ىم	P.O. Bo	ox 730 Ho	bbs, Ne	d copy of this form is to be sent) ew Mexico 88240				
If well produces oil or liquids, give location of tanks.		Sec.	Tw		Rge.	Is gas actuall	y connected?	When					
If this production is commingled with that	F	5	22		34E		<u>les</u>		7-9	- 90			
IV. COMPLETION DATA	nom any one	I ICABE UI	pooi,	RIAE .	communic	ing order num	DEF:						
Designate Type of Completion	- (X)	Oil Well		Ga	s Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v		
Date Spudded		Total Depth	<u></u>	<u> </u>	P.B.T.D.								
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas	Pay		Tubing Dep	th		\dashv					
Perforations	<u> </u>					<u></u>			Depth Casing Shoe			\dashv	
										8 000			
LIAL PARTE						CEMENTI	NG RECOR	D					
HOLE SIZE	CAS	ING & TU	JBING	G SIZ	E .		DEPTH SET	 ,	SACKS CEMENT				
		· · ·				, , , , , , , , , , , , , , , , , , ,						\dashv	
												ᅱ	
V. TEST DATA AND REQUES	T FOR AL	LOW	ARI	E .									
OIL WELL (Test must be after re					and must.	be equal to or	exceed top allo	unhle for this	denth or he .	'ar full 24 haur	- 1		
Date First New Oil Run To Tank	Date of Test		7			Producing Me	thod (Flow, pu	mp, gas lif: e	ic.)	w jiai 24 now.	<u>-</u>	٦	
Length of Test Tubing Pressure					Casing Pressu	пе		Choke Size					
Actual Prod. During Test Oil - Bbls.						Water - Bbls.	·		Gas- MCF				
GAS WELL	L					<u> </u>						لـ	
Actual Prod. Test - MCF/D	Length of Te	est				Bbls. Condens	ate/MMCF		Gravity of C	ondensate		\neg	
					,								
Testing Method (pitot, back pr.)		Casing Pressu	re (Shut-in)		Che's Size								
VI. OPERATOR CERTIFICA	ATE OF (COMP	LIA	NC	E								
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
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							
			Date Approved										
M.C. Durkey		D	Little -	Saturen er	e itempe e	*V##*							
Signature M. C. Duncan	By State Moded by Jerry Sexton DISTACT SUPERVISOR												
Printed Name	tant	Title											
8-6-91 Date	7191	<u> </u>	11118						_				
Lete .		Telep	anodq	No.		1							

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.

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DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

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 API No. Operator 30 025 25617 Texaco Exploration and Production Inc. Address Hobbs, New Mexico 88240-2528 P. O. Box 730 Other (Please explain) X Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate XChange in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. Hobbs, New Mexico 88240-2528 P. O. Box 730 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. | Pool Name, Including Formation 254910 GRAMA RIDGE STRAWN, EAST (GAS) STATE **GETTY 2 STATE COM** Location Feet From The WEST Feet From The NORTH Line and 1980 Line Unit Letter LEA County Range 34E 225 , NMPM, 2 Township 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 \square Texaco Trading & Transport 1... 16825 Northchase Blvd., Ste. 600 Houston, Texas 770 Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Casinghead Gas 921 W. Sanger Hobbs, New Mexico 88240-4917 Hano, Inc. Texaco I is gas actually connected? When ? Rge. Unit If well produces oil or liquids, Sec. 225 01/20/81 34E 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) P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation 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 Tubing Pressure Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D 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 JUN 6 3 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 _ M. Mi By. Signature Div. Opers. Engr. K. M. Miller Title Printed Name Title_ 915-688-4834 May 7, 1991

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

Date

- 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.

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.
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

Operator Producting Inc							i i	API No. -025-256	17		
Texaco Producing Inc. Address							30	023 230			
P.O. Box 730 Hobbs, New	Mexico	8824	0								
Reason(s) for Filing (Check proper box)		~ :-	T	antan afi	Othe	t (Please expla	in)				
New Well	Oil	Change in	Dry G								
Recompletion \square	Casinghead		Conde								
f change of operator give name							····				
and address of previous operator		OT									
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includin							Kind	of Lease	F Lease No.		
Lease Name Getty 2 State Com		1 Grama Ridge				, East (. (6)	Federal or Fe	1	1207	
Location			1			<u>- </u>	r				
Unit Letter F	:	1980	Feet F	rom The	North _{Lin}	and	_1980 _{Fe}	et From The	Wes	t Line	
• · · · · · · · · · · · · · · · · · · ·	າາຕ		D	2/5	ND.	m.			Lea	Country	
Section 2 Township	22 <u>S</u>		Range	: 34E	, NI	иРМ,			Lea	County	
III. DESIGNATION OF TRANS	PORTER	OF O	IL AN	ND NATU						<u>,</u>	
Name of Authorized Transporter of Oil		or Conden	sate	XX	1	e address to wi	• • •				
Texaco Trading and Transporter of Casing		tion_	or Dra	/ Gas ভিভা		x 60628 e address to w					
Texaco Producing Inc.	Name of Authorized Transporter of Casinghead Gas or Dry Gas XX							w Mexic		· <i>)</i>	
If well produces oil or liquids,		Sec	Twp.	Rge.	Is gas actuali	y connected?	When	7-9-90			
give location of tanks.	F		22		Yes		L	7-9-90			
If this production is commingled with that fi IV. COMPLETION DATA	rom any othe	r lease or	pool, g	ive commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X)	<u> </u>	<u> </u>		<u> </u>	<u></u>	<u>i</u>	<u>i</u>	<u>i</u>	<u>i</u>	
Date Spudded	Date Comp	l. Ready to	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducine Fo	ormatio		Top Oil/Gas	Pay		Tubing Der	Tubing Depth		
Elevations (DF, RED, RI, OK, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation					•		Tuoing Dep			
Perforations					<u> </u>			Depth Casin	ng Shoe		
1101 5 0175		UBING, SING & TU			CEMENTI	NG RECOR		1	SACKS CEM	ENT	
HOLE SIZE	CAS	SING & IC	UBING	SIZE	-	DEFIN SET			SACKS CLIVE		
V. TEST DATA AND REQUES	T FOD A	HOW	ARTI	7	<u> </u>						
OIL WELL (Test must be after re					be equal to or	exceed top all	Iowable for th	is depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, p			-		
_					-			Choka Siza	Choke Size		
Length of Test	Tubing Pres	ssure			Casing Press	ите		CHORE SIZE			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	•		Gas- MCF	Gas- MCF		
	<u></u>										
GAS WELL					- 						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of Condensate			
	This bearing (but in)				Casing Day	ure (Shut-in)		Choke Size	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	are (201101-111)		CHOICE SIZE	•		
VI. OPERATOR CERTIFIC	ATE OF	COM	PIIA	NCF							
I hereby certify that the rules and regul						OIL COI	VSERV	'ATION	DIVISION	NC	
Division have been complied with and that the information given above					MAK 6 9 1991						
is true and complete to the best of my knowledge and belief.						Date Approved					
- MC Arms -											
Signature					By						
M.C. Duncan Printed Name	Engineer's Assistant Tile				Title						
3-22-91	393-7191					!		 -			
Date		Tel	lephone	No.							

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DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Operator

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLC	WABLE AND AUTHORIZATION
TO TRANSPOR	TOIL AND NATURAL GAS
	Well API N

Texaco Producing Inc.								30-025-2	5617			
Address							• •					
P. O. Box 730 Hobbs	, NM	88240	<u> </u>			 						
Reason(s) for Filing (Check proper box)					Out	et (Please exp	vlain)					
New Well		Change in	•	•								
Recompletion X	Oil		Dry Ga	. 🖾								
Change is Operator	Casingher	d Gas	Conden	ante 📋								
If change of operator give name and address of previous operator	_								· <u>-</u>			
II. DESCRIPTION OF WELL	AND LE	ASE	R	-934	ัฐ ,	11/ 19	C					
Lease Name Well No. Pool Name, Includin						/ · / ·		ease No.				
Getty 2 State Com		1	Gram	a Ridge	Strawn	ı. East	(gas)	Federal or Fee	LGI	207		
Location												
Unit Letter F	: 198	30	Feet Fr	om The N	orth Lin	e and	<u>0</u> F	eet From The	West	Line		
Section 2 Township	225	S	Range	34E	, N	мрм,	Lea			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden	sale	X	Address (Gir	ne address 10 v	vhich approve	d copy of this fo	rm is to be se	int)		
Texaco Trading & Trans		ion			P. O.	Box 619	6, Midl	and, TX	79711			
Name of Authorized Transporter of Casing	ghead Gas				Address (Give address to which			approved copy of this form is to be sent)				
Maple Gas Co.					Star Rt. A Box		ox 335	x 335 Hobbs,N		M 88240		
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actually connected?		When	When?				
give location of traits.	F	5	<u> 225</u>		Yes			7-9-90	7-9-90			
If this production is commingled with that	from any oth	ner lease or	pool, giv	e commingi	ing order num	ber:						
IV. COMPLETION DATA												
Decignate Type of Completion	œ.	Oil Well	(Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		ــــــــــــــــــــــــــــــــــــــ		<u> </u>		X		X		X		
Date Spudded	1	pl. Ready to	Prod.		Total Depth			P.B.T.D.		}		
11-14-89	+	2-89			13381	N			12575			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dept	Tubing Depth				
2608 GR Strawn					11752	·	· · · · · · · · · · · · · · · · · · ·		11506			
Perforations								Depth Casin	g 200e			
11752, 56-58, 62, 68-7								13379	}			
					CEMENTI	NG RECO			010//0 05/15/15			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SE	T	<u> </u>	ACKS CEM	ENT			
17-1/2		-3/8			403			500				
12-1/4		10-3/4			5577			2350				
9-1/2	7-5/8			11694			2165					
6-1/2	T FOR ALL OWARDS				11387-1	3379		350				
V. TEST DATA AND REQUES OIL WELL (Test must be after n					h		llanakla famili	والمساوية	6.11 24 h)		
OIL WELL (Test must be after re	, -		oj ioda c	u ana must		ethod (Flow, 1			OF JULI 24 MOL	78.)		
Date First New Oil Rutt 10 12th	Date of Te	· A			Liouncing w	eusou (riow, j	ownp, gas iyi,	ELL.)				
Length of Test					Carina Press	1750		Choke Size	Choke Size			
Lengur or real	Tubing Pressure				Casing Pressure							
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	<u>.</u>			
Transfer 1100 premily 1000	JOIL - DOIL					-				!		
C. C. TITTLE	-					<u> </u>		<u> </u>		i		
GAS WELL Actual Prod. Test - MCF/D	Transfer 12	T			Dete Cont	man & A /AF		Tomas - Co	andan are	,		
	Length of	iest			BOLL CODGE	sate/MMCF		Gravity of Condensate				
11-22-89 784	1 24	essure (Shut			.08	ure (Shut-in)		51.4	51 4 Choke Size			
Testing Method (pilot, back pr.)	_		-m;		ĺ	_		1				
back press	4200				ار	0		12/64	12/64			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regul- Division have been complied with and					`		NOENV	AHON	DIVISIC	Л		
is true and complete to the best of my knowledge and belief.						Date Approved						
J. D. Kidenon						By						
Signature L. D. Ridenour Engineer's Assistant												
Printed Name		AHUUL.	Title		Title							
8-10-90 393-7191					I III =							
Date			phone N	lo.								
					·							

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