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

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

State of New Mexico En

, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instruction lottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Texaco Exploration and Production Inc. 30 025 26772 Address Hobbs, New Mexico 88240-2528 P. O. Box 730 Reason(s) for Filing (Check proper box) Other (Please explain) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Oil Recompletion X 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 639527 GRAMA RIDGE MORROW, EAST (GAS) SAN SIMON 2 STATE STATE Feet From The NORTH 660 2080 Feet From The EAST __ Line and __ Unit Letter _ Range 34E LEA 225 2 Township , 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) or Condensate Name of Authorized Transporter of Oil Texaco Trading & Transport 16825 Northchase Blvd., Ste. 600 Houston, Texas 770 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Maple Gas Corporation Inc Exaco ad i Sec. is gas actually connected? When ? If well produces oil or liquids, Unit Twp. H give location of tanks. 2 225 34E 01/20/81 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 Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **DEPTH SET** SACKS CEMENT 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.) 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** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pilot, 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 ___ Orig. Signed by Paul Kautz Signature Geologist Div. Opers. Engr. K. M. Miller Title Printed Na 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

State of New Mexico nergy, Minerals and Natural Resources Depart

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANS	POR	T OIL	AND NA	TURAL (3A£	S					
Operator										API No.				
Texaco Producing Inc.	Producing Inc.								30	30-025-26772				
Address														
P.O. Box 730 Hobbs. Ne Reason(s) for Filing (Check proper box)	w Mexi	<u>lco 882</u>	240	-			- /Di							
New Well		Change is	п Ттаг	nsnorter	of:		A (Please ex	ріан	y					
Recompletion	Oil		٦.	Gas	<u> </u>									
Change in Operator	Casinghe	ad Gas	, ·	ndensate										
If change of operator give name														
and address of previous operator														
II. DESCRIPTION OF WELL	AND LE		· · · · ·											
Lease Name San Simon 2 State	2 State Well No. Pool Name, Inch					ge Morrow, East (Gas State)				of Lease		Lease No.		
Location		1 1	GI	ailia	Klage	e Morrow	, East	(G	as	reucial of re	LC-	-1207		
Unit Letter H	_ :	2080	_ Fee	t From	The No	orth Line	and	66	<u>0</u> F	et From The	East	tLine		
Section 2 Townshi	p 22S		Ran	nge 34	ŧΕ	, NI	ирм,				Lea	County		
					-		7							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI			AND I	NATUI				,					
"	neport	or Conde	115216	XX	ر	•					form is 10 be s			
	Texaco Trading and Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						x 60628	M	1dland	Texas	79711-(2628		
Texaco Producing Inc.							Address (Give address to which approved copy of this form is to be sent) P.O. Box 730 Hobbs, New Mexico 88240							
If well produces oil or liquids,	TOTAL TOTAL TOTAL TICK							0 00240						
give location of tanks.	Н	<u> 2</u>	122	s İ	34E	Yes		_		-9-90				
If this production is commingled with that: IV. COMPLETION DATA	from any ot	her lease or	pool,	give co	ommingli	ing order numb	er:				-			
Designate Type of Completion	- (X)	Oil Wel	11	Gas	Weil	New Well	Workover		Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	npl. Ready to Prod.				Total Depth				P.B.T.D.	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas I	Pay			Tubing Dep	Tubing Depth				
Perforations										Depth Casing Shoe				
										Depui Casi	ng Shoe			
		TUBING	, CA	SING	AND	CEMENTI	NG RECC	RD		<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET					SACKS CEN	IENT			
	 									_				
	-									-				
V. TEST DATA AND REQUES	T FOR	ALLOW	ARI	Æ		l								
					and must	be equal to or	exceed top a	llow	able for thi	s depth or be	for full 24 hou	ars.)		
Date First New Oil Run To Tank Date of Test						st be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.			-	Gas- MCF				
GAS WELL	<u>. </u>				<u></u> !	I				- 				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
VI ODED ATOD CEDTERO	ATEO	E COLO	DT T	A NICT	E				<u> </u>					
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regul					Ľ	(DIL CO	NS	SERV	ATION	DIVISIO	N		
Division have been complied with and	that the info	ormation gi									100 4	- • •		
is true and complete to the best of my l						Date	Approv	ص م	1	损伤心	1997			
6101						Daile	Approv				199076	`N		
// Aurin						By			·		and the second s	1 7 5		
Signature M.C. Duncan	Engin	eer's .	Ase	jsta	n t	By				· ·				
Printed Name			Tiu		<u></u>	Title								
3-22-91		39	3 - 7	191		1800								
Date		T-1	enhor	te No		11								

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.
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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Appropriate District Office
DISTRICT I
P.O. Bux 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Deswer DD, Assesia, NM \$8210

JIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Bezzos Rd., Azzec, NM \$7410

Santa Fe. New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Texaco Producing Inc.							30-	-025-267	72		
Address P. O. Poyr 720 Hobbs	NTM (38240									
P. O. Box 730 Hobbs, Resson(s) for Filing (Check proper box)	NPI C	30240			Othe	t (Please expla	ia)				
Now Well	•	Change in	_								
Recompletion	Oil Casinghe	4 G □	Dry Ger Conden	_							
If change of coenter give name				<u> </u>				· · · · · · · · · · ·			
and address of provious operator II. DESCRIPTION OF WELL	ANDIE	ACE									
Lease Name	MAD LE		Pool N	ame, Includi	g Formation		Kind o	f Lease	L	sase No.	
San Simon 2 State Gon	<u> </u>	1	Gram	a Ridge	Morrow,	East (Gas Co	Federal or Fe	LC	-1207	
Location	20	200							D		
Unit LetterH	.:4\	080	. Feet I'm	om The	OI LIL Line	and <u>660</u>	re	et From The _	<u> Fast</u>	Line	
Section 2 Township	225	3	Range	34E	, NA	rm, Lea				County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden		XX	Address (Give	address to wh				mt)	
Texaco Trading & Tran Name of Authorized Transporter of Casing	rading & Transportation d Transporter of Casinghead Gos or Dry Gas XX							nd, TX 7	'9711 om is to be se	mt)	
Maple Gas Co.					1	. A Box					
If well produces ail or liquids, give location of tanks.	Unit H	Sec.	Twp. 22S	1 34E	is gas actually Yes		Whea	7-9-90			
If this production is commingled with that i								7-9-90	<u>. </u>		
IV. COMPLETION DATA											
Designate Type of Completion	· (X)	Oil Well	1 (Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	npl. Ready to	Prod.	-	Total Depth			P.B.T.D.		 	
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Fo	omstice		Top Oil/Gas I	ay y		Tubing Depth			
Perforations					Depth Casing Shoe						
		TIRING	CASII	NG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE		ASING & TU				DEPTH SET			SACKS CEMENT		
								 		 	
		· · · · · ·									
V. TEST DATA AND REQUES					ha amad ta an	erceed too allo	umble for thi	e donth ar he	for full 24 hou	er)	
OIL WELL (Test must be after no Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
					Casing Pressu	_		Choke Size	Choke Size		
Length of Test	ngth of Test Tubing Pressure					ire.					
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
											
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	ente/MMCF		Gravity of C	Condensate		
						···,		Choke Size			
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	t-in)		Casing Press.	ne (2prot-co)		CROKE SIZE			
VI. OPERATOR CERTIFIC				NCE		DIL CON	ISERV	ATION	DIVISIO)N	
I hereby certify that the rules and regul Division have been complied with and	stions of th that the inf	e Oil Conser ormation siv	rvation rea above				IOLI IV	A11011) (1	
is true and complete to the best of my knowledge and belief.						Approve	d				
2N8:1	_					PP					
Signature	By_										
L. D. Ridenour Engineer's Assistant Printed Name Title											
8-10-90	3	393-719	1		I itie						
Dete		Tele	ephone i	40.	<u> </u>						

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