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

State of New Mexico Largy, Minerals and Natural Resources Departme.

Revised 1-1-89 See Instruction at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Texaco Exploration and Production Inc. 30 025 27472 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) X Other (Please explain) Change in Transporter of: New Well EFFECTIVE 6-1-91 Dry Gas Recompletion Oil 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 Well No. | Pool Name, Including Formation Lease No. 046480 BILBREY FED COM BILBREY ATOKA (GAS) FEDERAL Location 660 Feet From The NORTH Line and 1980 __ Feet From The WEST Unit Letter _ Line 225 Range 32E Township , NMPM, County DESIGNATION OF TRANSPUKTER OF CALL.

BE OF Authorized Transporter of Oil Or Condensate

Western Crude Oil Co. 10 x C C Track State

Authorized Transporter of Casinghead Gas Or Dry Gal X III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)

Trans P. O. Box 1183 Houston, TX 77001 Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Company P. O. Box 1188 Houston, Texas 77251-1188 Twp. If well produces oil or liquids, Unit Rge. is gas actually connected? When? | 225 | 32E rive location of tanks. Cj 4 YES 03/19/82 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 - (K) Total Depth Date Spudded Date Compl. Ready to Prod. PRTD Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 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.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Actual Prod. During Test Water - Bbis. Gas- MCF Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Date Approved _______ 1991 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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

K. M. Miller

April 25, 1991

Printed Name

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.

Title

Geologia**s**

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

Div. Opers. Engr.

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.