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

State of New Mexico

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWARI F AND AUTHORIZATION

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI					
I. TO TRANSPORT OIL AND NAT							Well API No.				
Texaco Exploration and Production Inc.						30 025 27620					
Address											
P. 0. Box 730 Hobbs, Nev	v Mexico	88240	0-252	8	X Ou	- /Diago ami	-i-i				
eason(s) for Filing (Check proper box) W Other (Please explain) EW Well											
Recompletion	Oil Dry Gas										
Change in Operator	Casinghea	id Gas 🔲	Conden	mte 🗌							
If change of operator give name and address of previous operator Texa	co Prodi	ucing Ind	c.	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-25	28		
II. DESCRIPTION OF WELL.	AND LE	ASE									
Lease Name	Well No. Pool Name, Including			State			f Lease Lease No. Gederal or Fee 046495				
BILBREY 5 FEDERAL Location	1 BILBREY		TET BASI	N BONE SI	PRING	FEDE	FEDERAL				
Unit Letter B	:660)	Feet Fr	om The NC	RTH Lin	e and198	O Fe	et From The EA	ST	Line	
Section 5 Township 22S Ra			Range	tange 32E , NMPM,				LEA Co			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU							
Name of Authorized Transporter of Oil Y or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Texaco Trading & Transporting						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 Transwestern Pipeline Company					P. O. Box 1188 Houst			on, Texas 77251-1188			
If well produces oil or liquids, give location of tanks.	Unit Sec. B 5		Twp. Rgc. 225 32E		is gas actually connected? YES		j When	When ? UNKNOWN			
If this production is commingled with that it IV. COMPLETION DATA	rom any oth	ner lease or	pool, giv	ــــــــــــــــــــــــــــــــــــــ	<u> </u>						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		-	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TUBING, CASING AND							OTOKO OCITENZ			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							 				
								 			
V. TEST DATA AND REQUES										•	
OIL WELL (Test must be after re Date First New Oil Run To Tank	T		of load o	oil and must		exceed top all ethod (Flow, pr			full 24 hour	<i>s.)</i>	
Date First New Oil Kus 10 1ank	Date of Test				Producing IV	edica (Fiow, pi					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					·						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
							Choke Size				
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choice Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE			ICEDV	ATION D	ועופור	NI	
I hereby certify that the rules and regulations of the Oil Conservation					'		40LI14/	THOND	1 4 1010	1 4	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved					
2/m m. Ol.,											
Signature					By Orig Simed by Paul Scatz						
K. M. Miller	Div. Opers. Engr.					Geologist					
Printed Name April 25, 1991	Tiule 915-688-4834				Title	Title					

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.

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.