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

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

State of New Mexico Ene

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 Instructions at Bottom of Page

JUN 0 5 1991

1000 Rio Brazos Rd., Aziec, NM	37410 RE		. •			AUTHORI					
I. TO TRANSPORT OIL AND NATURAL GA								Well API No.			
Texaco Exploration and Production Inc.							30	30 025 27719 DX			
Address	Nam Man	: 000	40 050	_							
P. O. Box 730 Hobbs Reason(s) for Filing (Check proper	New Mex	100 882	40-252	8	X Oth	et (Please expl	ıin)	····			
New Well	<i></i>	Change	in Transpo	rter of:		FECTIVE 6					
Recompletion	Oil		Dry Ga	57							
Change in Operator	Casing	head Gas [Conden	sate 🗌							
It change of operator give name and address of previous operator	Texaco Pro	ducing I	nc.	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	528	 :	
II. DESCRIPTION OF WELL AND LEASE									<u></u>		
Lease Name NEW MEXICO H STATE	NCT 2			-	ng Formation ES 7 RVRS	QN (PRO G	State,	Kind of Lease State, Federal or Fee STATE		Lease No. 547760	
Location									· <u></u> -		
Unit LetterB	51	Feet From The NORTH Line and				1825 Feet From The EAS			Line		
Section 20 T	ownship	208		37E	, NMPM,			LEA		County	
III. DESIGNATION OF T	RANSPOR'	TER OF	OIL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Conde					Address (Giv	e address to wi	ich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.							
If this production is commingled wi	_	Other lease	or pool, giv	e commingl							
IV. COMPLETION DATA	1	loii w	-11 (las Well	New Well	Workover	Danna	Dive Deek	Cama Dasis	hier passi	
Designate Type of Compl	etion - (X)	I OII W	en j	AR WCII	I HEM MEIL	l MOIXOVEL	Deepen	Plug Back	Paule Ker a	Diff Res'v	
Date Spudded	Date C	ompi. Ready	to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.,	f Producing	Producing Formation			Pay		Tubing Depth				
Perforations								Depth Casing Shoe			
		TIDDI	CACI	IC AND	CEMENTE	IC BECOR		1			
HOLE SIZE	T	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE				DEFIN SEI			SACKS CEMENT		
	· · ·										
V. TEST DATA AND REC OIL WELL (Test must be	QUEST FOR after recovery of			il and must	be equal to or	exceed top allo	wable for this	s depth or be fo	or full 24 how	rs.)	
Date First New Oil Run To Tank		Date of Test				thod (Flow, pu					
Length of Test	Tubing	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			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size			
VI. OPERATOR CERT				CE		OIL CON	SERV	ATION E	DIVISIO	 N	

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

Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.

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.

Date Approved .

Title _

ORIGINAL STOR

\$345 TR 1

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.