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 __argy, Minerals and Natural Resources Departm.

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					BLE AND						
I. TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Texaco Exploration and Production Inc.							30 025 29512				
Address		0004		_							
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	w mexico	8824	0-2528	5	X Othe	x (Please expl	zin)		····		
							ECTIVE 6-1-91				
Recompletion	Oil Dry Gas										
Change in Operator	Casinghead	1 Gas 🛚	Condens	iate 📗	<u> </u>						
If change of operator give name and address of previous operator Texa	co Inc.	P. 0.	Box 7	30 H	lobbs, Nev	v Mexico_	88240-25	528		····.	
II. DESCRIPTION OF WELL			Vinda	x Lease	-	N7-					
Lease Name V M HENDERSON	Well No. Pool Name, Includi				State, I			Flesse Lesse No. Federal or Fee 317230			
Location		12	PAUD	<u> </u>	 		IFEE				
Unit LetterD	:330		_ Feet Fro	en The NO	RTH Line	and886	Fe	et From The W	/EST	Line	
Section 30 Township	p 21	ıs	Range	37E	, NA	IPM,		LEA		County	
III. DESIGNATION OF TRAN		R OF O		NATU	RAL GAS			-			
Name of Authorized Transporter of Oil Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
Texaco Exploration and Production Inc. P. O. Box 1137 Eunice, New Mexico 88231											
If well produces oil or liquids, give location of tanks.	Unit	Sec. 30	Twp. 21S	Rge. 37E	is gas actually connected? What YES			a ? UNKNOWN			
If this production is commingled with that	from any other	er lease or	<u> </u>	comming	ing order numb	er:					
IV. COMPLETION DATA			•							,	
	an	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion		<u></u>	<u>_</u> Ļ_		Total Depth	l ,	L			1	
Date Spudded	Date Comp	i. Kesay K	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u></u>				I			Depth Casing	Shoe	··········	
	<u>T</u>	URING	CASIN	G AND	CEMENTIN	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<u> </u>							ļ			
V. TEST DATA AND REQUES	T FOD A	HOW	ADIE		<u> </u>			1			
				il and must	be equal to or	exceed too allo	owable for this	depth or be fo	r full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Tes		<u></u>		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 Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
CACTUELL	<u> </u>				l	····		<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Actor Flor Tex VIICIAD											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and	ations of the (Oil Conser	vation	CE	11			ATION E			
is true and complete to the best of my knowledge and belief.					Date	Approve	d		<u> </u>	<u> </u>	
2/M. Willer					Date Approved Date Approved						
Signature K. M. Miller		Div. Op	ers. Ei	ngr.	11						
Printed Name May 7, 1991	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.
- 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.