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

State of New Mexico

Enc Minerals and Natural Resources Department

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 III
1000 Rio Brazos Rd., Aziec, NM \$7410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									Well API No.				
Texaco Exploration and Pro		30 025 03397											
Address						 							
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-252	8									
Reason(s) for Filing (Check proper box)					X Ou	es (Please expl	ain)						
New Well	EFFECTIVE 6-1-91												
Recompletion	Oil		Dry G										
Change in Operator	Casingher	nd Gas 🛛	Conde	nate 🗌									
change of operator give name				P. O. Bo	× 720	Uabba Na	14		99040				
nd address of previous operator <u>1exa</u>	co Prod	ucing in	<u>. </u>	P. U. BO	X /3U	Hobbs, Ne	W ME	XICO	88240-7	2528			
I. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name		Well No.		ame, Includi	ng Formation			Kind of Lease		L	Lease No.		
MEXICO W		2	1		S SEVEN RIVERS QUEEN			State, Federal or Fee		6 5063:	506390		
Location			1					AIUI					
D	. 297	0			NTH Lie	330).	r.	et From The	EAST	Line		
Unit Letter	- :		_ Peat Pi	rom the	и	e and		re	et From the		Line		
Section 2 Townshi	. 2	15	Rance	35E	. N	MPM.			LEA		County		
Section 10winiti	ν		Mange										
II. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	D NATTI	RAL GAS								
Name of Authorized Transporter of Oil	ID	or Conde		_ <u></u>	Address (Gi	ve address to w	hick ap	proved	copy of this f	orm is to be se	ent)		
Texas New Mexico Pipeline	c 🖾			ш		1670 Broad							
Name of Authorized Transporter of Casing	ghead Gas	רארן	or Dry	Gas 🗀	Address (Gi	ve address to w	hick as	proved	copy of this !	orm is to be se	ent)		
Texaco Exploration					Eunice, New Mexico 88231								
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		 			When ?					
ive location of tanks.		2	218		YES			UNKNOWN					
f this production is commingled with that	from any of	her lease or	nool ei	ve commine	ling order num	her:							
V. COMPLETION DATA			P , B -										
.,		Oil Wel	1	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1	•	0.00	1	1		- - -	, ,	1			
Date Spudded		pi. Ready to	o Prod.		Total Depth	1	<u> </u>		P.B.T.D.	<u> </u>			
		Dan Coup. 10-10-											
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	th .			
,													
Perforations	1				<u> </u>				Depth Casin	ng Shoe			
									'	-			
		TIBING	CASI	NG AND	CEMENT	NG RECOR	RD.		.+				
HOLE SIZE	T	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
Troce ofte	0710110 0 100110 0.22												
	1				<u> </u>				1				
	 				 				 	· · · · · ·			
	 						_		1				
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE		<u> </u>								
OIL WELL (Test must be after t					be equal to o	r exceed top all	owable	for thi	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank			.,		Producing M	lethod (Flow, p	ump, ge	as lift, d	uc.)				
	Date (4.1)	Date of Test											
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
	1.00.00	Inoing Fiessure											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF				
• • • • • • • • • • • • • • • • • • • •		•			}								
	1								•				
GAS WELL					Thu- A	A A JAA			Gravity of	Condinaria			
Actual Prod. Test - MCF/D	Length of	lest			Bois. Conde	nsate/MMCF			Gravity of C				
No. of the August St. Co.	The state of	ubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Orake Size	Choke Size			
Testing Method (pilot, back pr.)	T TOOLEGE 17	ESSUIT (SIN	m-W)		Casing ricesorie (Mickain)								
	1				-{r				1				
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		OIL CON	JOE	:DV	ATION	חואופור	אר		
I hereby certify that the rules and regul							1OE	. I 1 V	ALION	אוסוגום	J14		
Division have been complied with and		_	ver abov	e					na ee a 🏗	. 1001			
is true and complete to the best of my	enowieage i	una vellet.			Date	e Approve	ed _		SUN V	<u>0 1331</u>			
7/100 000.00	7					• •		•	- - ' '				
_ 7M. Will	(L)				By_	±1, 2 − ₹1							
Signature K. M. Miller		Div. Op	oers	Engr.	""	-			·····				
Printed Name		<u> </u>	Title										
May 7, 1991		915-	688-4	1834	Title	·							
Date		Tel	ephone !	No.									

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.

