

SANTA FE, NEW MEXICO 87501

NO. OF OFFICE REQUIRED			
DISTRIBUTION			
INSTAFILE			
FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	DIL GAS		
OPERATION			
OPERATION OFFICE			

## Operator

Address

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Free	Lease No.
TAYLOR GLENN	5	WANTZ ABO	FEE	

Location

Unit Letter J : 3546 Feet From The NORTH Line and 1650 Feet From The EAST

Line of Section 3 Township 21-S Range 37-E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P.O. BOX 1910, MIDLAND, TX 79701	
SHELL PIPE LINE CORP.						
Name of Authorized Transporter of Gasineous Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
TEXACO PRODUCING INC.					P.O. BOX 1137, EUNICE, NM 88231	
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When	
Unit	Sec.	Twp.	Rge.	YES	3-20-86	
I	3	21-S	37-E			

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion — (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Some Restr.	Diff. Res.
		X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
5-14-52	3-20-86		8361'			7815'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3488' DF	WANTZ ABO		7124'			6975'			
Perforations						Depth Casing Shoe			
7124' - 7256'						5½" LINER @ 8355'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	13-3/8" (29.3#)	225'	250 SX NEAT
11"	8-5/8" (32#)	3147'	1800 SX 4% + 400 NEAT
7-7/8"	5 1/2" LINER (15.5, 17#)	2943' - 8355'	550 SX 4% + 300 NEAT

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-13-86	3-26-86	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	30	30	-----
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	16	17	28

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psiat, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Edwin Carter* A. J. FORE  
(Signature)  
SUPERVISOR REG. & PERMITTING  
(Title)  
MAY 19, 1986  
(Date)

APPROVED \_\_\_\_\_, 19

BY Eddie W. Seay  
TITLE Oil & Gas Inspector

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED  
MAY 22 1986  
O.C.C.  
HOBBS OFFICE