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 Energy, 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., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. TEXACO EXPLORATION AND PRODUCTION INC. 30-025-06609 P.O. BOX 730 HOBBS, NEW MEXICO 88240 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 9-17-93 New Well Change in Transporter of: Dry Gas Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee STATE Pool Name, Including Formation Lease No. Lease Name Well No. B-9188 STATE S 2 PENROSE SKELLY GRAYBURG Location Feet From The NORTH Line and ____1980-C 660 WEST Feet From The . Line 21-S LEA 15 37-E , NMPM, County Township Range Section 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 or Condensate \square P.O. BOX 6196 MIDLAND, TEXAS 79711 TEXACO T & T INC. Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC. Address (Give address to which approved copy of this form is to be sent) or Dry Gas P.O. BOX 1137 EUNICE, NEW MEXICO 88231 If well produces oil or liquids, Twp. Is gas actually connected? When? Rge Unit give location of tanks 15 215 37E YES **UNKNOWN** If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well | Workover Plug Back Same Res'v Diff Res'v Oil Well Deepen Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **DEPTH SET** SACKS CEMENT HOLE SIZE CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved SEP 2 0 1993 is true and complete to the best of my knowledge and belief. By. Signature
MONTE C. DUNCAN ORIGINAL SIGNED BY JERRY SEXTON ENGR. ASST. DISTRICT I SUPERVISOR Printed Name 9-17-93 Title Title. 393-7191

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.

Date

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SEP 1 7 1993

OFFICE