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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
Ener Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

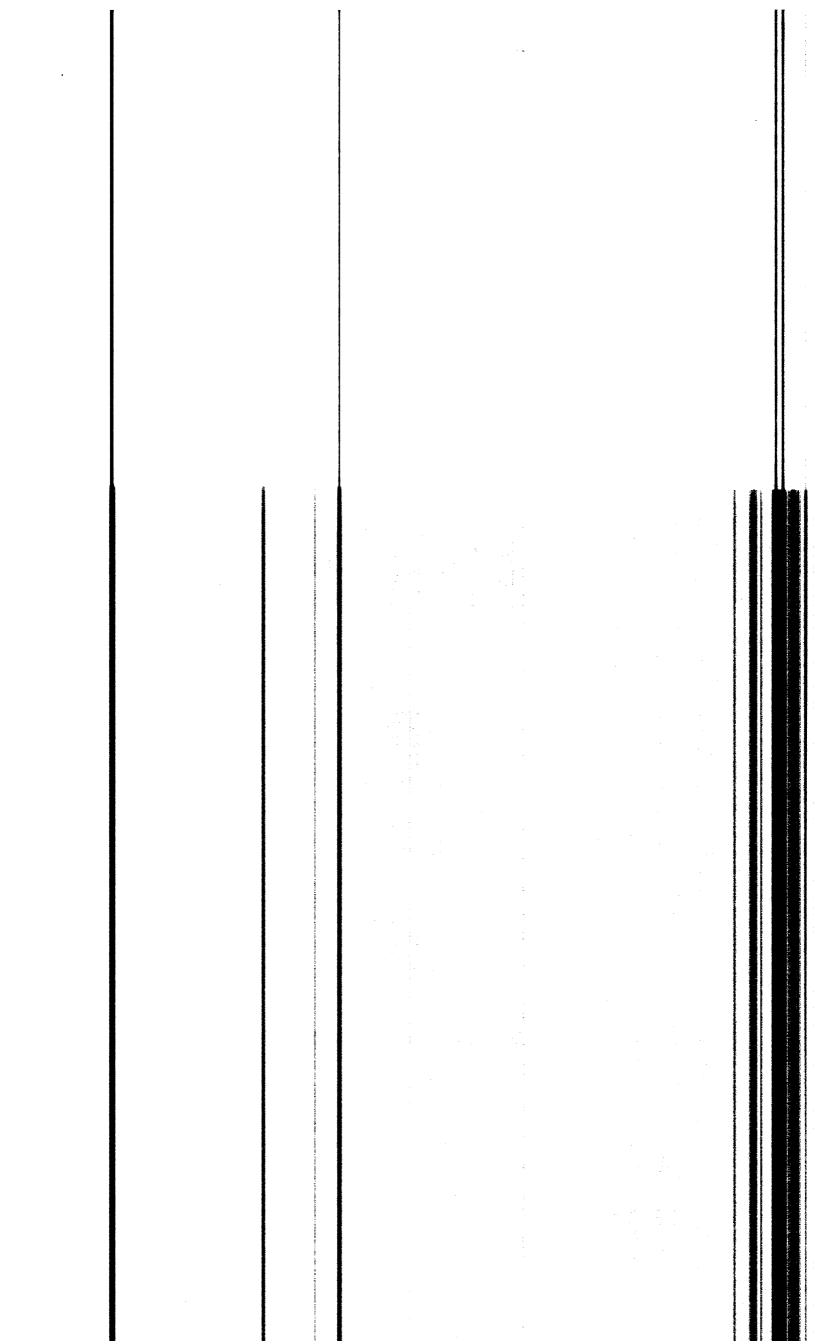
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	<u>'</u>	10 111/	1101	J. 11 O.L	7410 1471	101111111111	Ī	Well A	PI No.				
Texaco Exploration and Production Inc.									30 025 06635				
Address			-								,		
P. O. Box 730 Hobbs, Ne	w Mexico	88240) <u>-2528</u>	<u> </u>	VI 01	na /Dinana amala	.:						
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: EFFECTIVE 6-								1		•			
Recompletion	Oil		-					•					
Change in Operator	Casinghead	d Gas 🔀	•	_									
If change of operator give name	ico Inc.		Box 7	730 H	obbs. Nev	w Mexico	8824	0-25	28				
and society of bisasions obstance													
II. DESCRIPTION OF WELL Lease Name	AND LEA	Well No.	Pool Na	me. Includi	ng Formation				of Lease No.				
MITTIE WEATHERLY		1	DRINK	-				State, I FEE	ederal or Fee 879050		50		
Location													
Unit Letter F	_ :_ 1980	<u> </u>	Feet Fr	om The NO	RTH Lie	e and1980	}	Fe	et From The	WEST	Line		
Section 17 Townsh	in 2	18	Range	37E	.N	MPM,			LEA County				
III. DESIGNATION OF TRAN				D NATU	RAL GAS	address to!	hick a-	اد میس جی	come of this f	orm je to he ce	nt)		
Name of Authorized Transporter of Oil Shell Pipeline Corporation		or Condet	a tang			Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casis	ghead Gas	[X]	or Dry	Gas 🗀	Address (Giv	e address to wi	hich ap	proved	copy of this f	orm is to be se	N)		
Texaco Exploration			nc.		Р.	0. Box 11		Eunic	e, New M				
If well produces oil or liquids, give location of tanks.	Unit	Sec. 17	Twp.	Rge.		y connected? YES	!	When?		IKNOWN			
If this production is commingled with that					<u> </u>					KINOAM			
IV. COMPLETION DATA	Hom my on	EI PERE UI	horri Ri.	· · · · · · · · · · · · · · · · · · ·						 			
		Oil Well		Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1 200404			Total Depth	<u> </u>	<u> </u>		DOTO	<u> </u>	<u> </u>		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Town Polini				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
									Depth Casing Shoe				
Perforations									Depth Casir	ig Snoe			
	7	TIRING	CASI	NG AND	CEMENTI	NG RECOR	D		1	_			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
										····			
					 								
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE		<u> </u>				J				
OIL WELL (Test must be after	recovery of 10	stal volume	of load	oil and must	be equal to or	exceed top all	owable	for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Te	at .			Producing M	lethod (Flow, pe	ump, go	as lift, e	uc.)				
I wash of Total	Tubing Pre				Casing Press	Casing Pressure				Choke Size			
Length of Test	Inough Lie	SSUIC											
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF					
									<u> </u>	 			
GAS WELL					150 6	A R 2AR			16	Candonas			
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
The state of the s]				
VL OPERATOR CERTIFIC	CATE OF	COM	PLIAN	NCE			JOE	: [2]	ΔΤΙΩΝΙ	חואופור	M		
I hereby certify that the rules and regu				_		OIL CON	100	. i 1 V /		1,1,19,10	(Q)		
Division have been complied with and is true and complete to the best of my			WOOD BOW	E					' Ani	4090	10 1		
					Date	e Approve	90 <u> </u>		<u> </u>				
Z.M. Mille	4)				Pu Pu		1 21€	Sit, tomates	ar same				
Signature K. M. Miller		Div. Op	oers. I	Engr.	By -	<u></u>		- [ire] -					
Printed Name			Title		Title)			· · · · · · ·				
May 7, 1991			688-4 ephone 1										
Date		161	chione t	₩.	H								

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.



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State of New Mexico Minerals and Natural Resources Department

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P.O. Box 2088

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

1000 Rio Brazos Rd., Azzec, NM 87410 I.						AUTHORI		V				
Operator Texaco Exploration and Pro				0111 011			W	API No.	·	esit		
Address	duction							0 025 0663		DK		
P. O. Box 730 Hobbs, Nev	w Mexico	8824	0-252	28	X Ou	net (Please expl	aia1					
Reason(s) for Filing (Check proper box) New Well		Change is	Тапар	orter of:		FFECTIVE 6	•		•			
Recompletion	Oil		Dry G	. 🛄								
Change in Operator	Casinghea	d Gas 🛚	Conde	nute								
If change of operator give name and address of previous operator Texa	co Inc.	P. 0.	Box	730 H	lobbs, Ne	w Mexico_	88240-	-2528		 		
II. DESCRIPTION OF WELL	AND LE		15				TV:	nd of Lease	- ,			
Lease Name MITTIE WEATHERLY		Well No.	1		ing Formation ELLY GRAY		St	ite, Federal or Fe	- 1 -	Lesse No. 879050		
Location		L. <u>"</u>	PEN	100E ONE	LLI GRAI	BUNG		· E	1			
Unit LetterF	:1980	<u> </u>	Feet F	rom The NO	ORTH Lin	ne and198	0	. Feet From The	WEST	Line		
Section 17 Townshi	<u> </u>	15	Range	37E	, N	МРМ,		LEA	LEA County			
III. DESIGNATION OF TRAN	SPORTE	R OF O	<u>IL an</u>	ID NATU								
Name of Authorized Transporter of Oil Shell Pipeline Corporation	X	or Conde	nesie		Address (Gi			wed copy of this		-		
Name of Authorized Transporter of Casing	phead Gas	רארו	or Dry	Gas 🗍	Address (Gi			Houston, Te				
Texaco Exploration					P.	. 0. Box 1		nice, New N				
If well produces oil or liquids, give location of tanks.	Unit F	Sec.	Twp. 21S	Rge. 37E	is gas actual	ly connected? YES	j w	he n ? O 8	3/15/73	·		
If this production is commingled with that	from any ou	ner lease or	pool, gi	ve comming	ling order num	ober:			<u>-</u> -			
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepe	Dhua Daak	Same Res'v	Diff Resv		
Designate Type of Completion	- (X)	JOH WEL	' 	Gas Well	New Mett	Morrover	Deepe	a Plug Back	12stute Ker A	Juli Kelv		
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth		-	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing De	Tubing Depth			
Perforations	<u> </u>				<u> </u>	·		Depth Casi	ng Shoe			
			0.0		OE) (E) M	NIO DECOT	<u></u>					
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENT	DEPTH SET		1	SACKS CEN	IENT		
HOLE SIZE												
									,			
	-				 							
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	,								
OIL WELL (Test must be after r			of load	oil and mus		r exceed top all lethod (Flow, p			for full 24 ho	urs.)		
Pare Like Lean Oil You 10 1 way	Date of Te	.			I tomand I			y., ,				
Length of Test	Tubing Pro	essure			Casing Press	nite		Choke Size	Choke Size			
Actual Prod. During Test	ctual Prod. During Test Oil - Bbls.			Water - Bbla	<u> </u>		Gas- MCF	Gas- MCF				
GAS WELL					15/	A = 1.		· , <u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of	Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	sure (Shut-in)		Choke Size	Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE	1	011 001		\/ATION	D1/40/4			
I hereby certify that the rules and regul	ations of the	Oil Conse	rvation		1	OIL COI	NSEH	VATION	DIVISIO	אכ		
Division have been complied with and is true and complete to the best of my l			en abov	re ·	D-1	0 Approx	\d	JUN 0	३ १५५ १			
,	_				Date							
2.M. Miller					By Chighian Showed by Horm Sexton							
Signature K. M. Miller		Div. Op		Engr.	-,-		40 TRUE	ESUPERIOR	114			
Printed Name May 7, 1991		915-	Title 688-4	4834	Title)						
Date	· · · · · · · · · · · · · · · · · · ·		ephone l		H							

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MAY 23 1991

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