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

Er: Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production inc. 30 025 06651 P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Recompletion Oil Change in Operator X Casinghead Gas X Condensate If change of operator give name and address of previous operator

Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease No. 879050 MITTIE WEATHERLY 5 PENROSE SKELLY GRAYBURG Location 660· Feet From The WEST Feet From The NORTH Line and \_\_\_ Line Unit Letter \_ Section 17 215 Range 37E LEA Township , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil  $\mathbf{X}$ P. O. Box 2648 Houston, Texas 77252 **Shell Pipeline Corporation** 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 Sec. Twp. Rge. Is gas actually connected?

F | 17 | 21S | 37E YES When? If well produces oil or liquids, Unit give location of tanks. 04/21/60 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Gas Well Plug Back Same Res'v Diff Res'v Oil Well 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 SACKS CEMENT **CASING & TUBING SIZE** HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) 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 JUN 0 5 1991 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Z.M. Mille

K. M. Miller

May 7, 1991

Printed Nan

Date

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

ORIGINAL SIGNED BY JERRY STANDING DISTRICT I SUPERVISUR

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

Div. Opers. Engr.

Title

915-688-4834

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.

RECEIVED

MAY 23 1991

HOBBS CAMCE