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 .rgy, Minerals and Natural Resources Departm.

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

1.		OTRA	ANS	POF	RT OIL	<u>. AND NA</u>	TURAL GA						
Operator Texaco Exploration and Production Inc.								1	Wal API No. 30 025 99088 2 2 2 6 5 7				
Address								······································					
P. O. Box 730 Hobbs, N Reason(s) for Filing (Check proper box)	ew Mexico	8824	0-25	28		X Ou	et (Please expl	ain)					
New Well		Change in	Trans	sporte	r of:		FECTIVE 6	•					
Recompletion	Cit		Dry (-									
Change in Operator	Casinghead	Gas 🛛	Conc	densat	e 🗌								
If change of operator give name and address of previous operator Tex	aco Produ	cing In	c.	Ρ.	0. Bo	× 730	Hobbs, Ne	w Mexico	88240-2	2528			
II. DESCRIPTION OF WELL		SE Well No.	Pool	Name	• Includi	ng Formation		Kind	of Lease		esse No.		
D C HARDY	.					Su FE			Federal or Fee 299200				
Location Unit Letter O	·	•	Final	From	The	No. 1 Lin	e and 4		et From The	Eas	Line		
Section 20 Towns	in 21	s	_	e 3	-	•	MPM,		LEA	A second	County		
III. DESIGNATION OF TRA		OFO									County		
Name of Authorized Transporter of Oil	ו אין	or Conder		<u></u>	7	Address (Giv	e address to wh						
Shell Pipeline Corporation							P. 0. Box						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.						P.	0. Box 11		copy of this form is to be sent) ce, New Mexico 88231				
If well produces oil or liquids, give location of tanks.			Twp.	• •		is gas actually connected? YES		When	When? UNKNOWN				
If this production is commingled with tha	t from any othe	r lease or	pool, p	give o	ommingl	ing order num	ber:						
IV. COMPLETION DATA		Oil Well		Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		İ	i			İ	İ	<u>i</u>	Ĺ	Ĺ	<u>i</u>		
Date Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								·	Depth Casing Shoe				
	T	JBING.	CAS	ING	AND	CEMENTI	NG RECOR	D	!				
HOLE SIZE CASING & TUBING S						DEPTH SET			SACKS CEMENT				
	<u> </u>								ļ				
V TECT DATA AND DECLE	CT ECOD AT	LOW	A DI I	<u> </u>					<u> </u>				
V. TEST DATA AND REQUE						he equal to or	exceed top allo	umble for thi	, dansk av ha f	or 6.11 24 hour	l		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test							be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Press	Tubing Pressure					Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF				
GAS WELL									<u> </u>				
Actual Prod. Test - MCF/D	Length of Te	e it				Bbis. Conden	sate/MMCF		Gravity of C	ondensate			
Testing Method (pitot, back pr.)	(Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
THE OPEN AMON CONTINUES	1		V T .	\ · ~ ·		<u></u>			1				
VI. OPERATOR CERTIFIC				NCI	E	(DIL CON	SERV		אואוכור	M		
I hereby certify that the rules and regularisis have been complied with and				ve							7 T		
is true and complete to the best of my		_	-m =00	•€		-	A	.1					
2/2	3	**				Date	Approved	J		·			
K-M. Willer						0							
Signature K. M. Miller Div. Opers. Engr.						By_							
Printed Name			Title			Title.							
May 7, 1991		915-6	phone		4	"""							
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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.