Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980. Hobbe, NM 88240	New Mexico Istural Resources Depart ATION DIVISI						
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088						·
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		OR ALLOWA	BLE AND AUTHOR				
I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No.							·
Texaco Exploration and Pr	oduction Inc.			30	025 09017	23	831
	ew Mexico 8824	0-2528					
Reason(s) for Filing (Check proper box) New Well		a Transporter of:	X Other (Please ex EFFECTIVE	•			
Recompletion	ou [Dry Gas	LITEONE	0-1-31			
Change in Operator X If change of operator give name	Casinghead Gas X						
and address of previous operator	aco Producing In	ю. Р.О.Во	ox 730 Hobbs, N	lew Mexico	88240-25	528	
II. DESCRIPTION OF WELI		Pool Name, Includ	ling Econstica	Kind	of Lease	<u> </u>	
PERCY HARDY	5				, Federal or Fee	2992	aae No. 30
Location Unit Letter P	: 990			0010	eet From The	East	Line
Section 17 Towns	nip 21S	Range 37E	, NMPM,		LEA		County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF C	DIL AND NATU	IRAL GAS		1		
Texas New Mexico Pipeline		Definel	Address (Give address to 1670 Bros		copy of this for over, Colora		
Name of Authorized Transporter of Casi Texaco Exploration		or Dry Gas	Address (Give address to	which approved	copy of this for	m is to be se	nt)
If well produces oil or liquids,	Unit Sec.	Twp. Rge.			ce, New Me	xico 882	31
give location of tanks.	0 17	215 37E	YES	i	08/2	23/71	
If this production is commingled with the IV. COMPLETION DATA	t from any other lease of	. boor' give comming	ling order sumber:				<u> </u>
Designate Type of Completion	Oil Wel	I Gas Well	New Well Workover	Deepea	Plug Back S	ame Res'v	Diff Res'v
Date Spudded	Date Compi. Ready t	o Prod.	Total Depth		P.B.T.D.		L
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	instantion	Top Oil/Gas Pay				
		Onnadon			Tubing Depth		
Perforations			• • • • • • • • • • • • • • • • • • •		Depth Casing	Shoe	
	T		CEMENTING RECO	RD	<u> </u>		· · · · · · · · · · · · · · · · · · ·
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SE	<u>r</u>	SA	CKS CEME	NT
· · · · · · · · · · · · · · · · · · ·							,,.
V. TEST DATA AND REQUE	•		• •				
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume Date of Test	oj load oil and must	be equal to or exceed top a Producing Method (Flow, J			full 24 hour.	r.)
Levels of Test		. <u></u>					.=
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	-··	Gaa- MCF		
	<u> </u>		I		L		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	···	Gravity of Con	densale	
Province Marked 4 - 100 - 1			Caring Deserver /Charles				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut	-11)	Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC					ATION D		
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	that the information give	vation en above					IN
is true and complete to the best of my			Date Approve	ed	••••••••••••••••••••••••••••••••••••••		<u> </u>
Signature			By				
K. M. Miller Div. Opers. Engr. Printed Name Title			ByOrig. Blaned by Fau: Eratz TitleGeologiat				
May 7, 1991 915-688-4834 Date Telephone No.			Title	<u> </u>	<u>213t</u>		

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.



OIL CONSERVATION DIVISION Format Golds Interview Format Golds	ENERGY AND MINERALS DEPARTMENT				Form C-104 Revised 10-01-78
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VI. CERTIFICATE OF COMPLIANCE

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

W.B.

(Signature)

District Operations Manager (Tule)

April 3, 1985

• • • •

(Date)

OIL CONSEI	RVATION	DIVIS	ION		
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BY JUMIX	112	Z. 7		-	
TITLE DISTRICT I SI	UFERVISO)R			

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This form is to be filed in compliance with RULE 1104.

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