Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Well API No.											
Texaco Exploration and Production Inc. Address							30-025-26705				
P.O. Box 730 Hobbs, Ne Reason(s) for Filing (Check proper box)	w Mexic	<u>o 882</u> 4	40		<u> </u>						
New Well	-	x (Please explain)									
New Well Change in Transporter of: Recompletion Oil Dry Gas						Correction in addresss of oil and gas					
Change in Operator	trans	transporters									
If change of operator give name and address of previous operator	Casinghea	1 O21	Coma	ensate _	<u> </u>		 -				
II. DESCRIPTION OF WELL	AND LEA	ASE								· · · · · · · · · · · · · · · · · · ·	
Lease Name	Well No.	Pool 1	Name, Incl	ding Formation	ing Formation Kind			of Lease No.			
Getty 35 State Com Location	dge Morro	ge Morrow, East (Gastate) Federal or Fee LG-1487									
Unit Letter H	-:1	980	Feet I	From The	North Li	ne and66	0 F	et From The	East	Line	
Section 35 Township	218		Range	<u>34E</u>	,1	МРМ,			Lea	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			ND NAT							
Name of Authorized Transporter of Oil or Condensate Texaco Trading and Transportation Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628 Midland, Texas 79711-0628											
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Texaco Exploration and Production Inc.					Address (Gi	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730 Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.			Rg	e. Is gas actual	ly connected?	When				
If this production is commingled with that i	TOTAL STATE OF IN	35	215	- 1	_	Yes		7-9	90		
IV. COMPLETION DATA				ive commi	iging order nur						
Designate Type of Completion	· (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	to Prod.		Total Depth	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
TINDIG G. CO.											
TUBING, CASING AND					O CEMENTI		<u>D</u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES					<u></u> .		•				
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of tot	al volume	of load	oil and mu	st be equal to or	exceed top allo	wable for this	depth or be j	or full 24 how	·s.)	
	Date of Test				Producing M	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL					_!						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitcs, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	CUVID	TTAR	VCE	<u> </u>			l			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date	Date Approved					
M.C. Dnew						P					
M.C. Duncan Engineer's Assistant						Ву					
Printed Name Title					11						
8-6-91 Date		3	93-7	191	Inte						
~ 		Telep	1 saodo	v o.	[]						

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.