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

State of New Mexico Minerals and Natural Resources Department Ener

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU										
I. TO TRANSPORT OIL AND NATURAL GAS Well A							PI No.				
Texaco Exploration and Production Inc.							30 (025 09203		<u> </u>	
Address P. O. Box 730 Hobbs, New	/ Mexico	88240	-252	8							
Reason(s) for Filing (Check proper box)				-			e (Please expla	-			
New Well		Change in	•		r of:	EF	FECTIVE 6	-1-91			
Recompletion 57	Oil		Dry G								
Change in Operator X	Casinghes	d Gas 🗵	Conder								
and sources of bisatore obsisters		ucing Inc	<u>. </u>	<u>Р.</u>	0. Bo	<u>k 730 </u>	lobbs, Nev	w Mexico	88240-25	528	
II. DESCRIPTION OF WELL A	AND LE		D 1 N		Jachudi	ng Formation		Kind	x Lease	L L	Lase No.
Lease Name KING C		Well No. 5					Q GRAYBL	JRG FEE	Federal or Fee	39153	30
Location							. 990		F	AGT	
Unit LetterA	:112;	3			The NO	HIH Lin	and	Fe	et From The E		Line
Section 1 Township	2	35	Range	3	6E	, N	APM,		LEA	· ·	County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D	NATU	RAL GAS	e address to wi	hick approved	copy of this for	m is 10 be se	unt)
Name of Authorized Transporter of Oil Texas New Mexico Pipeline C	X I	or Conden	SHC								
Name of Authorized Transporter of Casing	head Gas	X	or Dry	Ga	•	Address (Giv	1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231				unt)
Texaco Exploration a	Unit	Sec.	Twp.	Τ	Rge.	is gas actuali	y connected?	When	?		<u> </u>
give location of tanks.	В	1	235	_	36E	L	YES		05/	06/59	
If this production is commingled with that f	rom any ot	her lease or	pool, gi	vec	comming	ing order num	ber:				
IV. COMPLETION DATA				<u></u>		New Well	Workover	Deepen	Plug Back	Same Res'y	Diff Res'v
Designate Type of Completion	$-\infty$	Oil Well		Gai	Well	I New Well	l workovei				1
Date Spudded		ipi. Ready to	Prod.			Total Depth	I		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	Tubing Depth				
Perforations	I					1			Depth Casing	Shoe	
		TINNG	CAS	N	AND	CEMENTI	NG RECOR	RD	<u> </u>		
		SING & T					DEPTH SET	,	S	ACKS CEM	ENT
HOLE SIZE	<u>~</u>										
											<u></u>
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE					. H. Can de	ta danch an ha C	- 6.11 74 km	me)
OIL WELL (Test must be after r	ecovery of 1	iotal volume	of load	oil	and mus	be equal to o	ethod (Flow, p	owable for th	is depin or be ju	у јші 24 мол	<i>σs.</i>]
Date First New Oil Run To Tank	Date of T	est									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gae- MCF				
GAS WELL	J					. L				·	
Actual Prod. Test - MCF/D	Leagth of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	ations of th that the inf	e Oil Conse ormation gi	rvation		CE			-	ATION I		N
							ABLC (MAL	UMMAA S		KTON	
Signature K M Miller Div. Opers. Engr.				By ORIGINAL HONED BY JEREY SEXTON							
K. M. Miller Printed Name		ند هم مسالم	Title -688-			Title)			•	
May 7, 1991			lephone		_	1					

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.

STATE OF NEW MEXICO Form C-104 ENERGY AND MINERALS DEPARTMENT Revised 10-01-78 Format 06-01-83 -----OIL CONSERVATION DIVISION Page 1 DISTRIBUTION SANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.1.G.4. LAND OFFICE 014 REQUEST FOR ALLOWABLE TRANSPORTER QAL AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Operator TEXACO Producing Inc. Address P. O. Box 728, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) Change of Operator from Getty to Change in Transporter of: 12/31/84 New Well TEXACO Producing Inc. Dry Gas 101 Recompletion Condensate Casinghead Gas Change in Ownership Х If change of ownership give name and address of previous owner. Lease No. II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. | Pool Name, Including Formation Langlie Mattix 7-Rivers Queen Store, Federal or Fee Lease Name Fee 5 King "C" Location Fast 990 North eet From The 1123 А Line and Feet From The Unit Letter Lea County 36E NMPM 23S 1 Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Andress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OII or Condensate P.O. Box 2528, Hobbs, N.M. 88240 Texas N.M. PIpeline Co. (0055-1386) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🛆 or Dry Gas P.O. Box 3000, Tulsa, OK 74102 TEXACO Producing Inc. When Is gas actually connected? 'Rgs.

Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

Twp.

23S

; 36E

Sec.

1 1

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids.

give location of tanks.

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.

Unit

В

W.B.

(Signalwe)

District Operations Manager (Tule) April 19, 1985

(Date)

OIL CONSERVATION DIVISION						
	1	1	6/1	19 85		
APPROVED	1.17			,		
BY	<u>Ma</u>					
TITLE DISTRICT I	SUPERVISO	?				

5/6/59

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

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	TRANSPORTER OIL OPTINATOR	ELO, C. G	en en en en anver en examp El fold Actual Actual Actual Marshold El off, Actual Colombia Marshold El off, Actual Colombia	ternet (194 Supercontes, 1977) (2007 mail e Etter Unio Felety L. GAS			
1	Operator						
	Getty Oil Company Address						
	P. O. BOX 1351, Midlan Reason(s) for filing (Check proper box New Well Recompletion	Change in Transporter of: Oil Dry G	os Oil Company ef	pany werged with Getty fective 1-31-77			
	Change to Ownership [2] If change of ownership give name	Annual of the second	snsate []	-			
	and address of provious owner		0. Box 1351, Midland,	Texas 79702			
н	DESCRIPTION OF WELL AND	Well No. Pool Name, Including I		use Lease Mar			
	Location JA			erol er (C)			
	Unit Letter <u>A</u> ; <u>112</u>	23 Feel From The North LI	ne and <u>990</u> Foot Fro	n The East			
	Line of Section To	waship 235 Ranae	36E, NMPM,	Lea County			
111.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Off	TER OF OU. AND NATURAL 6:		royed copy of this form is to be sent)			
	Texas-New Mexico Norge of Aythorized Transporter of Ca	singhe H Gas A or Dry Gas	BOX 1510 Mia	Taria, TX 79202			
	Getty 0,1 C	· · · · · · · · · · · · · · · · · · ·	Box 1135 Fun	ice N.14.58231			
	If well produces of or liquids, give location of tanks.	B 1 235 36E		5-6-59			
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool.	give commingling order number				
	Designate Type of Completio	on - (X)	New Well Workever Deepen	Flue Dack Some Resty, Liff, Resty,			
	Date Spuddod	Date Compl. Ready to Prod.	Totai Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Permation	Top Oll/Sos Pay	Tubing Derth			
	Perforations	1]	Depth Casin; Shoe			
		TUDING, CASING, ARI	> CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		<u> </u>	1				
¥.	TEST DATA AND REQUEST FO OIL WELL Date First New Col Bun To Tanks	DR ALLOWABLE (Test must be a) able for this de Date of Test	net en fa des de U.D.C. Las net	il and must be equal to or exerced top allow- lift, etc.)			
			ļ				
	Length of Tost	Tubing Prosecto	Casing Processie	Choke Sizo			
	Actual Frod. During Test	Oll-Bbis.	hater - Libis.	GaseRor			
	GAS WELL						
	Actual Pred. Test-MCF/D	Length of Test	Bbls. Condensete/MMCF	Gravity of Condensate			
	Testing lifethod (prior, back pr.)	Tubing Picemure (Shut-in)	Casing Freemure (Shui-in)	Chicke Size			
ا ۲۰	CERTIFICATE OF COMPLIANC	DE	OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and re Commission have been complied w above is true and comple c to the	Ith and that the information given	APPROVED				
			TTTLC				
	(COMPLEM) TO	TANIN IMANI		compliance with RULE 1104,			
	(Signat	LAND FRANZ	If this is a request for allowable for a newly diffed or deepend well, this form much by a compared by a tabulation of the deviation tarks taken on the well is a company of the EULE 111. All rections of this is must be tilled out considerely for allow- able on new and the completed wells.				
-	(1.))						
	February 1, 1 (Pat	977	1 HI ontenly Sector L	nut. 11. 111. and VI for changes of owner, demonstration from change of condition.			
	() W	· - .					