

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

|   |   |
|---|---|
| Operator<br>Texaco Producing Inc.   | Well API No.<br>3002509204  |
| Address<br>P.O. Box 730, Hobbs, NM 88240  |   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |   |
| New Well <input type="checkbox"/>   | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>    |
| Change in Operator <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

|   |               |   |   |           |
|---|---------------|---|---|-----------|
| Lease Name<br>E. F. King  | Well No.<br>1 | Pool Name, including Formation<br>Jalmat Tansill Yates 7 Rvrs | Kind of Lease<br>State, Federal or <u>Fee</u> | Lease No. |
| Location<br>Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line<br>Section <u>8</u> / Township <u>23S</u> Range <u>36E</u> , <u>NMPM</u> Lea _____ County _____ |               |   |   |           |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |                                 |      |      |
|--|--|---------------------------------|------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |                                 |      |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |                                 |      |      |
| Texaco Producing Inc.  |  | P.O. Box 1137, Eunice, NM 88231 |      |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec.                            | Twp. | Rge. |
|  |  |                                 |      |      |
| Is gas actually connected?   |  | When ?                          |      |      |
| Yes  |  | 12-06-89 11-29-89               |      |      |

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

**IV. COMPLETION DATA**

|                                    |                             |          |                 |          |        |                   |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
|                                    |                             |          |                 |          |        |                   |            |            |
| 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 |            |            |

**TUBING, CASING AND CEMENTING RECORD**

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |

**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.)

|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas- MCF   |

**GAS WELL**

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D       | Length of Test            | Bbls. Condensate/MIMCF    | Gravity of Condensate |
| Testing Method (puol, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*J. A. Head*  
 Signature \_\_\_\_\_  
 J. A. Head Area Manager  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 02-09-90 (505) 393-7191  
 Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved FEB 16 1990

By ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

Title \_\_\_\_\_

**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.

Submit 5 Copies  
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State of New Mexico  
Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
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Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

|  |   |
|--|---|
| Operator<br>Texaco Exploration and Production Inc.   | Well API No.<br>30 025 09204 ✓  |
| Address<br>P. O. Box 730 Hobbs, New Mexico 88240-2528  |   |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)<br>EFFECTIVE 6-1-91               |   |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> |
| Recompletion <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                           |
| Change in Operator <input checked="" type="checkbox"/>   |   |
| If change of operator give name and address of previous operator<br>Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 |   |

**II. DESCRIPTION OF WELL AND LEASE**

|  |               |  |   |                     |
|--|---------------|--|---|---------------------|
| Lease Name<br>E F KING   | Well No.<br>1 | Pool Name, Including Formation<br>JALMAT TANSILL YT 7 RVRS (PRO GA | Kind of Lease<br>State, Federal or Fee<br>FFF | Lease No.<br>393690 |
| Location<br>Unit Letter <u>M</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line<br>Section <u>1</u> Township <u>23S</u> Range <u>36E</u> , <u>NMPM</u> , <u>LEA</u> County |               |  |   |                     |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |      |      |      |                                   |                   |
|--|--|------|------|------|-----------------------------------|-------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent)   |      |      |      |                                   |                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>Texaco Exploration and Production Inc. P. O. Box 1137 Eunice, New Mexico 88231 |      |      |      |                                   |                   |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected?<br>YES | When?<br>11/29/89 |

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

**IV. COMPLETION DATA**

|  |                             |          |                 |          |        |                   |            |            |
|--|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X)         | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| 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 |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                                  | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|  |                             |          |                 |          |        |                   |            |            |
|  |                             |          |                 |          |        |                   |            |            |
|  |                             |          |                 |          |        |                   |            |            |

**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.)

|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

**GAS WELL**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

K. M. Miller  
Signature  
K. M. Miller Div. Opers. Engr.  
Printed Name  
May 7, 1991  
Date  
915-688-4834  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By \_\_\_\_\_  
Title \_\_\_\_\_

- 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.
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