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

State of New Mexico E Minerals and Natural Resources Department

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRA	NS	PORT OIL	AND NA	TURAL GA						
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 09206					
Address												
P. O. Box 730 Hobbs, Ne	w Mexico	88240	0-25	28								
eason(s) for Filing (Check proper box) X Other (Please explain)												
New Well	Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion	Oil Casinghead	<u>م.</u> ۲	Dry (Gas 🖂								
If change of operator give name	<u>_</u>											
and address of previous operator Texa	co Produc	cing Inc	<u>. </u>	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	2528			
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	•	Well No. Pool Name, Including Formation 3 JALMAT TANSILL YT 7 RVRS (PR						of Lease Federal or Fe	_	Lesse No. 393690		
E F KING		3	JAI	MAI IAN	SILL YI /	RVRS (PRO	GA FEE					
Location Unit Letter K	: 1980	. 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Li							Line			
Section 1 Townsh	Section 1 Township 23S Range 36E , NMPM, LEA County									County		
III. DESIGNATION OF TRAN	SPORTER	OF O	IL A	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conder				e address to wi	hick approved	copy of this f	orm is to be se	nt)		
							which approved copy of this form is to be sent) 137 Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. Rge.	is gas actuali	y connected? YES	When	11/29/89				
If this production is commingled with that	from any other	r lease or	pool,	give comming!	ing order numi	ber:						
IV. COMPLETION DATA	~	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		1	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations					Depth Casing Shoe							
					C=1 (E1)	VO PROOP		<u> </u>	-			
11015 0135	TUBING, CASING AND					DEPTH SET		1 .	SACKS CEMI	ENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			3 3125		DEF IN SET	 -	 	SACING OCINI			
H CONTRACTOR AND DECISION	CO DOD A	LLOW	A DI	<u> </u>	<u> </u>			1				
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR A	LLUW I	of loa	t. d oil and must	he equal to or	exceed too allo	owable for thi	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	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				ıre		Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.					11	Gas- MCF				
GAS WELL					Bbls, Conden							
Actual Prod. Test - MCF/D	ctual Prod. Test - MCF/D Length of Test							Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	'ATF OF	COMF	ΤΙΔ	NCE	<u> </u>			·				
I hereby certify that the rules and regul					∥ . (DIL CON	ISERV	ATION	DIVISIO	N		
Division have been complied with and	that the inform	nation giv]]							
is true and complete to the best of my	knowledge and	Delief.			Date	Approve	d					
2/M. Willen						vinjer	,	**				
Signature K. M. Miller Div. Opers. Engr.					By Charles and Arthur Assertant							
Printed Name May 7, 1991		915-0	Title 588-		Title							
Date			phone		11							

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.

: 5 Copies winte District Office Appropriate District Office DISTRICT I P.O. Bux 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Ferm C-104

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Sant	z Fe, New M	lexico 875	504-2088							
1000 Rio Brazos Rd., Azzec, NM 87410	REQU	EST FO	R ALLOWA	BLE AND	AUTHOR	IZATION						
I.			ISPORT OI									
Operator Texaco Producing Inc.							ell API No.					
Address		3002509206										
P.O. Box 730, Hobbs	, NM 8	8240										
Resease(s) for Filing (Check proper box) New Well				☐ Ot	het (Please exp	iain)	· · ·					
Recompletion	Oil		ransporter of:									
Change in Operator	Casinghead		Condensate									
If change of operator give name and address of previous operator												
IL DESCRIPTION OF WELL	ANDIEA	CE										
Lease Name			ool Name, includ	ing Formation		Kind	of Lease		assa No.			
E. F. King		3		_	Tate s 7 H	1	Federal or Fee		110			
Location	•											
Unit Letter K	_ : <u>1</u>	980F	eet From The	South Li	ne and	1980 Fe	et From The _	West	Line			
Section I Townshi	p 23S	R	36	E N	IMPM.		L	ea	County			
W DEGRAMATION OF THE									County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL										
		or Coulcing		Address (Gr	ve address to w	nich approved	copy of this fo	rm is to be si	ini)			
Name of Authorized Transporter of Casin		or	Dry Gas 💢	Address (Gi	we address to wi	hich approved	copy of this fo	m is to be st	ent)			
Texaco Producing In If well produces oil or liquids,							, NM 88231					
give location of tanks.	Unit	Sec. IT	wp. Rge.	ls gas actual	ly connected? Yes	When	? 1 2-06	-89 // -	29 VO			
If this production is commingled with that	from any other	r lease or por	ol, give comming	ing order nur	ber:				-101			
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 Compi	. Ready to Pr	rod.	Total Depth	.L	<u> </u>	P.B.T.D.					
Fluming (DF BKB BT CB												
Elevations (Dr. RKB, R1, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Tubing Depth					
Perforations	<u>!</u>			<u> </u>			Depth Casing	Shoe				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEMENTI		D						
TIOLE SIZE	CAS	ING & TUBI	NG SIZE		DEPTH SET		SACKS CEMENT					
												
	<u> </u>											
V. TEST DATA AND REQUES	T FOR A	LOWAR	LE.) 								
OIL WELL (Test must be after re				be equal to or	exceed top allo	nvable for this	depth or be fo	r full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu							
Length of Test	Tubing Press			Casing Press	170		Choke Size					
	resing rical	-110		Custing 1 tests	ne		Cital Size					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF					
C. C. T. T. T.			- <u> </u>									
GAS WELL Actual Prod. Test - MCF/D	Length of Te		·	.								
	Central of 16	al		Bbis. Conden	mie/MMCF		Gravity of Co	adensate				
Testing Method (puot, back pr.)	Tubing Press	ure (Shut-in)		Casing Press	ire (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC						CEDV/			NA I			
I 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 FEB 1 6 1990							
is true and complete to the best of my is	nowiedge and	belief.	• • •		Approved		i LD	T A 19	y y			
Ja Hear				Dale	- Apploved							
Signature/				By_								
J. A. Head	J. A. Head Area Manager					ORIGINAL SIGNED BY JERRY SEXTON						
02-09-90	1146					TitleDISTRICT I SUPERVISOR						

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Date

RECEIVED OCO OCO OFFICE