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

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

State of New Mexico En

Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-39 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410 I.						AUTHORII TURAL GA					
Operator Texaco Exploration and Production Inc.							Well /	Well API No. 30 025 10038			
Address P. O. Box 730 Hobbs, Ne Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil	Change is	Transpor	rter of:	_	ner (Piease explo FFECTIVE 6					
If change of operator give name and address of previous operator Texa	co Prod	ucing In	c. F	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-25	28		
II. DESCRIPTION OF WELL Lease Name E A STICHER						ng Formation Kind o State, I FEE			Lease Lease No. 806510		
Location Unit Letter K	UTH Line and 1980 Feet From The WEST Line										
Section 4 Townshi	, NMPM, L			LEA		County					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Texaco Trading & Transport Name of Authorized Transporter of Casin	t X	or Conde	or Dry		Address (Gir 16825 N Address (Gir	orthchase we address to wi	Blvd., Ste	copy of this form 6. 600 Hou 6 copy of this form	ston, To	exas 770	
Texaco Exploration and Production Inc. f well produces oil or liquids, Unit Sec. Twp. Rge					Is gas actually connected? When			ce, New Mexico 88231			
pive location of tanks. If this production is commingled with that IV. COMPLETION DATA	from any ot	er lease or	pool, giv	1 37E e comming	ling order num	YES ber:	, <u>l</u>	UNK	NOWN		
Designate Type of Completion	- (X)	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.				Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	.l.,				<u> </u>			Depth Casing	Shoe		
					CEMENT	ING RECOR		20	CKS CEM	ENT	
HOLE SIZE CASING & TUBING SIZE				DIZE	Jer meet			Orono ozmern			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	recovery of t	otal volume	ABLE of load o	oil and must	be equal to o	r exceed top all dethod (Flow, p	owable for the	s depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	I Run To Tank Date of Test							Choke Size			
Length of Test	Tubing Pressure				Casing Pressure Water - Bbis.			Gas-MCF			
Actual Prod. During Test	d. During Test Oil - Bbls.					.		Gas- MCr			
GAS WELL Actual Prod. Test - MCF/D						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 regularized by the property of the best of the best of my	lations of the	e Oil Conse ormation gi	avation			e Approve		ATION D			
J.M. Millar Signature					By_		Paul Ka Geolog	utz			
K. M. Miller Printed Name May 7, 1991			Title 688-4		Title)	. ™iA1A8				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.