Submit 5 Copies Appropriate District Office Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM \$8240

DISTRICT II P.O. Drawer DD, Arlesia, NM \$8210

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM \$7410

State of New Mexico Ene , Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	7	IO TRA	NSP(UHI UIL	ANU NA	URAL GA		PINO	<u></u>		
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 10039 OK			
Address	Mavias	00040)_0E0	•							
P. O. Box 730 Hobbs, New Mexico 88240-2528 Reason(s) for Filing (Check proper box) X Other (Please explain)											
Well Change in Transporter of:EFFECTIVE 6-1-91											
Recompletion	Casinghead	1 Gas 🕅	Condet								
If change of operation give plante Towards Directions inc. D. O. Box 720 Hobbe Now Movico 88240-2528											
and address of previous operator <u>Texaco Producing inc. P. O. Box 750</u> Hobbs, <u>New Mexico 60240 2020</u> II. DESCRIPTION OF WELL AND LEASE											
	Well No. Pool Name, Includin				ne Formation		Kind	Kind of Lease		ease No.	
E A STICHER	2 PADDOCK						State, FEE	State, Federal or Fee FEE		806510	
Location 1997) Unit Letter L : 1780 Feet From The SOUTH Line and 660 Feet From The WEST Line											
Unit Letter											
Section 4 Township 22S Range 37E , NMPM, LEA County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Texaco Trading & Transport		or Condet			16825 No	orthchase	Blvd., St	e.600 Ho	uston, To	exas 770	
Name of Authorized Transporter of Casing Texaco Exploration a	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231										
If well produces oil or liquids,	+		When								
give location of tanks.	Unit K	Sec. 4	Twp. 225			YES	i	UN	KNOWN		
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		Oil Well	···· •	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	101					<u> </u>	i		<u>i</u>	
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					<u> </u>			Depth Casin	g Shoe		
TUBING, CASING AND CEMENTING RECORD											
					DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				UEPIN SEI						
	┼			<u></u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after n	ST FOR A		ABLE	oil and mus	t be equal to or	exceed top all	owable fo r th	is depth or be j	for full 24 hos	ers.)	
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Te		- cy soud		Producing M	ethod (Flow, p	ump, gas lift,	elc.)			
	Tubing Program				Casing Pressure			Choke Size			
Length of Test	Tubing Pressure								Gaa- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
				NCE	-						
VL OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hareby 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.					JUN U 3 12						
1		un octici.			Date	e Approve					
2.M. Miller					ByGeologist						
Signature Div. Opers. Engr. Printed Name Title					Title		weologig	4			
May 7, 1991			-688-								
Date		10	echevine		H						

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.