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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

## 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	Well API No.			
Texaco Exploration and Production Inc.							30 (	30 025 10117			
Address							— <del>-</del>				
P. O. Box 730 Hobbs, New	Mexico	88240	0-252	8	M AL	- /Diseas avala	:=1				
Reason(s) for Filing (Check proper box)  New Well Change in Transporter of:						X Other (Please explain) EFFECTIVE 6-1-91					
New Well	Oil		Dry Ga								
Recompletion	Casinghead		. •	_						_	
change of operator give name					obba No	v Mexico	99240_25	28			
nd address of previous operator	O Inc.		Box 7	/30 H	obbs, nev	v Mexico	80240-25			•	
DESCRIPTION OF WELL AND LEASE  age Name Well No.   Pool Name, Inclu				ame, Includi	ng Formation			Kind of Lease		Lease No.	
C P FALBY A FEDERAL 1 DRINKARD								State, Federal or Fee FEDERAL		20	
Location				NO	DTU	1980			WEST		
Unit LetterC	:660		_ Feet Fr	om The NO	Lin_Lin	and	Fo	et From The	WEST	Line	
Section 8 Township 22S Range 37E					, NMPM,			LEA County			
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS		<del></del>	2.11.2			
Name of Authorized Transporter of Oil Shell Pipeline Corporation	$\mathbf{X}$	or Conde	nsale		Address (Give address to which approved copy of this form is to be sent)  P. O. Box 2648 Houston, Texas 77252						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of P. O. Box 1137 Eunice, No.						
If well produces oil or liquids,	l Unit	Sec.	Twp.	Rge.		y connected?		When ?			
ir well produces on or inquida,	K			37E	YES		i	08/11/6			
if this production is commingled with that f	rom any oth	er lease or	pool, giv	ve comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	1 (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>			T	<u> </u>	<u> </u>	-	i	<u> </u>	
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
			0.01	10 110	OE) (E) PT	NC BECOR	<u> </u>		-		
	TUBING, CASING AND				CEMENT	DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEI III DEI			- Control of Marie				
					<del> </del>			†			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE								
OIL WELL (Test must be after r	ecovery of 10	stal volume	e of load	oil and must	be equal to o	exceed top all	owable for thi	s depth or be	for full 24 hou	78.)	
Date First New Oil Run To Tank	Date of Te	<b>s</b> t			Producing M	ethod (Flow, p	emp, gas iyi, i	uc.j			
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.								_,		
GAS WELL								<u> </u>	·		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				<u> </u>			1			
VI. OPERATOR CERTIFIC				NCE		OIL CON	JSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and	lations of the	Oil Conse	ervation iven abov	re			2.41	_		<i>7</i> 14	
is true and complete to the best of my	knowledge a	ind belief.			Dat	e Approve	d <u>V</u>	N ( 3 )	<b>49</b> 1		
2m. Willer					D.		Ori	in 194			
Signature  K. M. Miller  Div. Opers. Engr.					By Paris Street by						
Printed Name May 7, 1991		915-	Title -688-	4834	Title	)		- 5-35	<del></del>		
Date	<del></del>	Te	lephone	No.							

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.