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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico L...rgy, Minerals and Natural Resources Departme.

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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I   | T   | OTRA       | NSP         | ORT OIL        | AND NATURAL G                                       | <u>AS</u>          | 40                      | KF LT   |                 | <del></del>         |  |
|---|---|------------|-------------|----------------|---|--------------------|-------------------------|---|-----------------|---------------------|--|
| Operator Texaco Exploration and Prod  | Well API No.<br>30 025 10117  |            |             |                |   |                    |                         |   |                 |                     |  |
| Address   | . Maviaa  | 00040      | \ 0E0       | 10             |   |                    |                         |   |                 |                     |  |
| P. O. Box 730 Hobbs, New Mexico 88240-2528  Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of: EFFECTIVE 6-1-91  Recompletion  Change in Operator  Casinghead Gas  Condensate   |   |            |             |                |   |                    |                         |   |                 |                     |  |
| If change of operator give name and address of previous operator  | co Inc.   | P. 0.      | Box         | 730 H          | obbs, New Mexico                                    | 882                | 40-25                   | 28  |                 |                     |  |
| •   | ANDICA  | CE         |             | ,              |   |                    |                         |   |                 | •                   |  |
| Lease Name  C P FALBY A FEDERAL   |   |            |             |                | ting Formation  L AND GAS                           |                    |                         | Kind of Lease<br>State, Federal or Fee<br>FEDERAL |                 | Lease No.<br>213520 |  |
| Location Unit LetterC   | : 660 Feet From The NO  |            |             |                | RTH Line and 1980 Fe                                |                    |                         | et From The WEST Line                             |                 |                     |  |
| Section 8 Township  | Township 22S Range 37E  |            |             |                | , NMPM,   |                    | LEA County              |   |                 |                     |  |
| III. DESIGNATION OF TRANS   | SPORTE  | R OF O     | IL AN       | ND NATU        | RAL GAS   |                    |                         |   |                 | <del></del>         |  |
| Name of Authorized Transporter of Oil<br>Shell Pipeline Corporation   | Address (Give address to which approved copy of this form is to be sent)  P. O. Box 2648 Houston, Texas 77252  Address (Give address to which approved copy of this form is to be sent) |            |             |                |   |                    |                         |   |                 |                     |  |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.  |   |            |             |                | •   | -                  | e, New Mexico 88231     |   |                 |                     |  |
| If well produces oil or liquids, give location of tanks.  | Unit  <br>  K   | Sec.<br>8  | Twp. 225    | Rge. 37E       | YES   |                    | L                       |   | /11/61          |                     |  |
| If this production is commingled with that f  | rom any other   | r lease or | pool, g     | ive comming!   | ing order number:                                   |                    |                         |   |                 |                     |  |
| IV. COMPLETION DATA  Designate Type of Completion   | · (X)   | Oil Well   | 1           | Gas Well       | New Well   Workover                                 | D                  | eepen                   | Plug Back   | Same Res'v      | Diff Res'v          |  |
| Date Spudded  | , Ready to Prod.  |            |             | Total Depth    |   |                    | P.B.T.D.                |   |                 |                     |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing  |   |            | Formation   |                | Top Oil/Gas Pay                                     |                    | <del></del>             | Tubing Depth                                      |                 |                     |  |
| Perforations  |   |            |             | Depth Casir    | g Shoe  |                    |                         |   |                 |                     |  |
|   | CEMENTING RECORD  |            |             |                |   |                    |                         |   |                 |                     |  |
| HOLE SIZE   | CASING & TUBING SIZE  |            |             |                | DEPTH SET   |                    |                         | SACKS CEMENT                                      |                 |                     |  |
|   |   |            |             |                |   |                    |                         |   |                 |                     |  |
| V. TEST DATA AND REQUES   | T FOR A   | LLOW       | ABLE        | <u> </u>       | <u> </u>  |                    |                         |   |                 |                     |  |
| OIL WELL (Test must be after no Date First New Oil Run To Tank  | Date of Tes   |            | of load     | i oil and must | be equal to or exceed top a Producing Method (Flow, | llowabl<br>pump, g | e for thi<br>as lift, e | s depth or be<br>uc.)                             | for full 24 hou | rs.)                |  |
| Length of Test  | Tubing Pressure   |            |             |                | Casing Pressure                                     |                    |                         | Choke Size  |                 |                     |  |
| Actual Prod. During Test  | Oil - Bbls.   |            |             |                | Water - Bbis.                                       |                    |                         | Gas- MCF  |                 |                     |  |
| GAS WELL  | 1   |            | <del></del> |                |   |                    |                         |   |                 |                     |  |
| 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  |                 |                     |  |
| 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. |   |            |             |                | OIL CONSERVATION DIVISION Date Approved             |                    |                         |   |                 |                     |  |
| 7. M. Miller  |   |            |             |                | Orly, Sigmed by Paul Kautz Geologist                |                    |                         |   |                 |                     |  |
| Signature K. M. Miller Div. Opers. Engr. Printed Name Title   |   |            |             |                |   |                    |                         | Geologist   |                 |                     |  |
| May 7, 1991   |   |            |             | 4834<br>No.    | 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.