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

State of New Mexico Estargy, 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 II
P.O. Drawer DD, Artesia, NM 88210

DISTRIC III
1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TC	TRAN	SPOR	RI OIL	AND NA	TUHAL	AS		St kt.		·····		
Operator Texaco Exploration and Production Inc.						1				PI No. 025 10118			
Address													
P. O. Box 730 Hobbs, Nev	w Mexico	88240-	2528										
Reason(s) for Filing (Check proper box)						es (Piease exp	-						
New Well	a	ange in Tr	•	r of:	EF	FECTIVE	6-1-	91					
Recompletion	Oil		ry Gas										
Change in Operator	Casinghead C	as ⊠ C	ondensat	<u>. </u>							<u></u>		
If change of operator give name and address of previous operator Texas	co Inc.	P. O. B	ox 73	0 H	obbs, Ne	w Mexico	882	40-25	28				
II. DESCRIPTION OF WELL	AND LEAS	E											
Lease Name Well No. Pool Name, Including						ng Formation			Kind of Lease State, Federal or Fee		Lease No.		
C P FALBY A FEDERAL	C P FALBY A FEDERAL 3 DRINKARD									2135	213520		
Location							78.	•					
Unit LetterF	: 1980 Feet From The NO					RTH Line and 1980 Fo				et From The WEST Line			
Section 82 Township 22S Range 37E						, NMPM,				LEA County			
III. DESIGNATION OF TRAN	CDADTED	OF OII	AND	NATTII	RAT. GAS								
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil		Condensal			Address (Gi	e address to	which a	pproved	copy of this fo	rm is to be se	int)		
Shell Pipeline Corporation						P. O. Box 2648 Houston, Texas 77252							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
Texaco Exploration and Production Inc.						P. O. Box 1137 Eunic Is gas actually connected? When				· · · · · · · · · · · · · · · · · · ·			
If well produces oil or liquids, give location of tanks.	Unit Se		wp. 225	Rge. 37E	is gas actual	YES		When		11/61			
If this production is commingled with that				commingli	ng order num	ber:	-	٠					
IV. COMPLETION DATA		Dil Well		Well	New Well	Workover	П	eepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<i>711</i> W 611					<u> </u>				<u> </u>		
Date Spudded	dded Date Compi. 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									Depth Casing Shoe				
	ו דר	RING C	'A STNO	AND	CEMENT	NG RECO	RD		L				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
TIOCE OILE	0.00.100												
V. TEST DATA AND REQUES	T FOR AT	OWAI	RI.E.						L				
OIL WELL (Test must be after r	ecovery of total	volume of	load oil	and must	be equal to o	r exceed top a	llowabl	le for this	depth or be f	or full 24 how	σs.)		
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
League or 10th	Thomas Transito												
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF				
GAS WELL	1									•			
Actual Prod. Test - MCF/D					Bbls. Condensate/MMCF				Gravity of C	ondensate			
						Coston Buise - /St.us fax			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				CANAL SILE				
VI. OPERATOR CERTIFIC	ATE OF C	OMPL	IANC	CE			NIO!		ATION I	אוטוער	NI.		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CC	וכאוי	/		_,			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved				JUN	JUN 0 0 1891			
7.M. Miller						• •							
Signature					By_			Original Control	Signed by				
K. M. Miller	Div. Opers. Engr.					Paul Noutz Goologist							
Printed Name May 7, 1991		Title	•——		3.4.0								

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.