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

State of New Mexico

Form C-104
Revised 1-1-89
See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	MSP	OH I OIL	AND NA	IUH	AL GA	19	SIST.			
Operator Texaco Exploration and Production Inc.									Well API No. 30 025 10192			
Address P. O. Box 730 Hobbs, Nev	v Mexico	88240	0-252	8								
Reason(s) for Filing (Check proper box)					X Oth	es (Plea	25e expla	in)				
New Well Change in Transporter of: EFFECTIVE 6-1-91												
Recompletion												
Change in Operator	Casinghead	Gas 🔯	-	_								
If change of operator give name	co Produc			P. O. Bo	x 730	Hobb	s, Nev	w Mexico	88240-2	528		
II. DESCRIPTION OF WELL						·						
Lease Name							of Lease Lease No. Federal or Fee 028970					
BAKER B	12 FADDOCK FEE											
Unit Letter K	: 2310 Feet From The SOUTH Line and 2310							Fe	Feet From The WEST Line			
Section 10 Township 22S Range 37E , NMPM, LEA Count											County	
III. DESIGNATION OF TRANS				D NATU	RAL GAS							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be seen Shell Pipeline Corporation 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 this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231						
f well produces oil or liquids, Unit Sec. Twp. Rge.					is gas actually connected? When				?			
give location of tanks. If this production is commingled with that f	0	10	225	1 37E	<u></u>	YES		<u>l</u>	UN	KNOWN		
IV. COMPLETION DATA	iom any our	A PORTIC UI	poor, go	e committee	ing order main	· .					······································	
Designate Type of Completion -	. (20)	Oil Well		Gas Well	New Well	Worl	kover	Deepen	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				Tubing Depth			
Perforations										Depth Casing Shoe		
1 GIGEROLE												
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
					<u>.</u>			,	<u> </u>			
	5000											
V. TEST DATA AND REQUES OIL WELL (Test must be after re				-!! h	he savel to an		i ton alla	unhla for thi	e dansk op ha f	or full 24 hour	I	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of loaa	ou ana musi	Producing M					or just 24 note	73.)	
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
	J 2015.											
GAS WELL	,				166. A	ents A	VICE -		10mm - CO	onder sets		
Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI OPERATOR CEPTIESC	ATE OF	COM	TAN	JCF								
VI. OPERATOR CERTIFICATE OF COMPLIANCE						DIL (CON	SERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						 _			ATION I	1991	· • •	
is true and complete to the best of my k		_	~~	-	11				1012 C	I UUI		
Viñ 201.10	,				Date	App	orove	_	elor Cli			
Signature Signature					By Orig. Signed by Paul Kautz							
K. M. Miller Div. Opers. Engr. Printed Name Title					Title				Geologist			
April 25, 1991			688-4 phone N			-					· <u>-</u>	

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.