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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		OTHA	NSP	OHI OIL	ANU NA	I UNAL GA	Well A	PI No.			
Operator			1								
Texaco Producing Inc						300251073					
Address)	. 1		ΔΔ -		20-11	_				
PO Box 728	<u> 1001</u>	<u> 5 Ne</u>	LU.	Mex	<u> (0</u>	88290	<u>) </u>				
Reason(s) for Filing (Check proper box)		•		_		er (Please expla	unj				
New Well	Change in Transporter of										
Recompletion	Oil Dry Gas										
Change in Operator	Casinghead	Gas	Conde	nsate							
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE							1	ase No.	
Lease Name Well No. Pool Name, Including						Stat			of Lease No. Federal or Fee R = 1.6		
New Mexico B State NCT-2 3 Jalmat						Miles Gas			15-16-5		
Location									we	=T	
Unit Letter	. 66	O_	Feet F	rom The	lorth Lin	and66	<u>() </u>	et From The.	(305 7	Line Line	
Unit Detter											
Section (Township	23	<u>S</u>	Range	36	<u>E , NI</u>	мРМ,		Lea		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										n()	
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
None											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent) PO BOX 1060 EUNICE N.M. 58231					
Texaco Producina	• •					24 106C		ice, N.	N(-5)	5251	
If well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actuall	y connected?	When	1			
give location of tanks.	i I	1			yes			anuar	y 6,1	187	
If this production is commingled with that f	rom any other	r lease or p	pool, g	ive commingl	ing order num	Der:			·		
IV. COMPLETION DATA	·								,		
TV. COMILECTION		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	i	İ	Χ	1	.	<u> </u>	<u> </u>		_1	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth			P.B.T.D.			
Date Shorter											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casir	ig Shoe		
renorations											
	т	URING	CAS	ING AND	CEMENTI	NG RECOR	D				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE CASING & TUBING SIZE											
	 				 						
DEOUES	TEODA	HOWA	RIF	7	1						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	IFUKA	LLUWA.	at loss	a Lail and must	he equal to of	exceed top alle	owable for thi	s depth or be	for full 24 hou	rs.)	
			oj ioda	Ou did inasi	Producing M	ethod (Flow, pi	ump, gas lift, e	elc.)			
Date First New Oil Run To Tank	Date of Tes	\$			1 toodeing		7.0				
					Casing Press	ire		Choke Size			
Length of Test	Tubing Pressure										
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Test Oil - Bbls.				Water - Bota						
	<u> </u>				<u> </u>			_1			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	isate/MMCF		Gravity of Condensate			
									Charles Class		
Testing Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
results means (business b. A											
	ATE OF	COMP	OT TA	NCE					504016	.	
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation						14114 0 1000					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D-4	Date ApprovedJAN 1 9 1989					
is true and complete to the best of the knowledge and better.						s Approve	u				
101,0							A81411	141 CIANE	D BA 1255	Y SEXTON	
1 AC Jothina						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Signature K.L. Johnson AREA SUSERINIENDENT								ואוכוע	, JUIER TIJ	<u> </u>	
Printed Name Title					Title		*** **	_			
JAN 1 6 1999 394-2585											
Date		Tele	phone	No.						المستناب ويسورون برود	
		mai mandindus.	en arres	participation of the second	IN A SHEW TO A STREET THE SECOND SECO	to delign the company	a programme (State Classic)	TANK HIMMENDER 17	R AM ALMOSTERNO AND	Mindel Confidence of the Confidence of the Maria	

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.

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