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

State of New Mexico

Ener Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Rettorn 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, Astesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O THA	INSP	OHI OIL	AND NA	TUHAL GA			N X 1			
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 12127				
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240	0-252	8								
Reason(s) for Filing (Check proper box)	ox.oo			<del></del>	X Out	er (Please expla	in)			,		
New Well		Change is	Transpo	orter of:		FECTIVE 6-	-1-91					
<u>~~</u>			Dry G									
Recompletion (77)	Oil	_ =										
Change in Operator	Casinghead	Gas	Conde	neste							<del></del>	
If change of operator give name and address of previous operator Texas	co Inc.	P. 0.	Box	730 H	lobbs, Ne	w Mexico	88240-	25	28		· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL		SE Well No.	Pool N	lame, Includi	ng Formation				Lease _	L	ease No.	
C H LOCKHART FEDERAL NCT 1 4 BLINEBRY OIL					•			State, Federal or Fee FEDERAL		4434	443480	
Location					<b></b> .	1075	•			FACT		
Unit Letter						OUTH Line and 1975 F				eet From The EAST Line		
Section 18 Township	, 22	<u> </u>	Range	38E	, N	мрм,			LEA	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	County	
III. DESIGNATION OF TRAN				D NATU	RAL GAS		iah		ann af chia d	arm is to be -	ent)	
Name of Authorized Transporter of Oil  Texas New Mexico Pipeline C						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202						
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)						
Warren Petroleu	γ		·				ilsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unsit   S	Sec. 18	Twp. 225	Rge.	is gas actual	YES		men 7		KNOWN		
If this production is commingled with that	from any othe	r lease or	pool, gi	ve comming!	ing order num	ber:						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Doeper	_	Dive Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	lon men	' I	OSS WEIL	New West	WOLDIE	, 12444. 	i	riug Deck	Saint Res v	1	
Date Spudded	Date Compl. 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						<u></u>				Depth Casing Shoe		
	π	IBING.	CASI	NG AND	CEMENTI	NG RECOR	D	!		-		
HOLE SIZE CASING & TUE				CASING AND CEMENTING RECORD BING SIZE DEPTH SET						SACKS CEM	ENT	
HOLE SIZE	CASING & TOBING SIZE				<u> </u>							
	ļ				ļ			$\dashv$				
		<del></del>						-			<del></del>	
										·		
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR A	LLOW	ABLE	all and must	he equal to o	e exceed top all	numble for	thic	denth or he	for full 24 hos	ers.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		oy ioda	ou una musi		lethod (Flow, pu				, , , , , , , , , , , , , , , , , , , ,		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.				Gas- MCF			
					<u> </u>	<del> </del>				- <del></del>		
GAS WELL					TBCI- 72	ncole A A A A C			Gravity of	Condenses		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE	1	011 001	ICED		TION	רון אורטי		
I hereby certify that the rules and regula					1	OIL CON	12FH					
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							
Zm. Mille	h)					mains A		n F	ry Jedel	MODELL		
Signature K. M. Miller	· <del>S</del>	Div. Op	ers.	Engr.	By_				<del>- PREVIOLE</del>	,		
Printed Name May 7, 1991			Title 688-4		Title	· 	<del></del>		<del></del>	···-		
Date		Tele	ephone l	No.	H							

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.