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

## State of New Mexico ergy, Minerals and Natural Resources Departm

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

I.

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.								Well API No.			
	rroduction I	nc.					30	025 12140			
Address P. O. Box 730 Hobbs,	New Mexico	. 0004/	0500								
Reason(s) for Filing (Check proper b		88240	7-2528		X Oth	er (Please expl	ain)				
New Well	7	Change in	Transporte	r of:		FECTIVE 6					
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghea	d Gas 🏻	•	le []							
If change of operator give name	exaco Inc.		Box 73	0 н	lohhs Nev	w Mexico	88240-2	528			
and address of blessons oberands			<u> </u>		iobbo, Ne	W MICKICO	00240-2	<u> </u>			
I. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Include  Well No.   Pool Name, Include					ing Formation Kind			of Lease No.		esse No	
			Pool Name, Including Formation BRUNSON DRINKARD ABO, SOUTH			State	State, Federal or Fee 053070				
Location	1101 1	<del></del>	Ditorto	OIV DIVIII	INAND ADO	, 300111	IFED	ERAL			
Unit Letter H	199	$\mathcal{U}_{\perp}$	Feet From	The 1	Thus	and	<u> 34</u> f	eet From The	Fasi	Line	
Section 19 Tow	nship 22	28	Range 3	8E	, NI	мрм,		LEA		County	
				- * . FDG **							
III. DESIGNATION OF TR Name of Authorized Transporter of C	K1	or Conden		NATU!		e address to wi	hich approve	d come of this form	n is to be s	ent)	
Texas New Mexico Pipeline Co.						Address (Give address to which approved copy of this form is to be sent)  1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of C	asinghead Gas	X	or Dry Ga	ıs [				d copy of this form			
Texaco Exploration	<del></del>	Production Inc.			P. O. Box 1137 Eu			nice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit     H			Rge. 38E	is gas actually connected? YES		Whe	When 7 10/01/61			
If this production is commingled with	that from any other	er lease or	pool, give o	commingl	ing order numi	er:					
IV. COMPLETION DATA		Oil Well	C	Well	New Well	Workover	Donne	Dive Deale ICe	Davis	Diet Darke	
Designate Type of Complet	ion - (X)	I OH WELL	i Gai	. MCII	New Mett	workover	Deepen	Plug Back Sa	ime Kesv	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	-		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	une of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Death Carina S	Depth Casing Shoe		
1 Olivinions								Depair Casing 5	NACE		
	T	UBING.	CASINO	3 AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									<del></del>		
V. TEST DATA AND REQ	TEST EOD A	HOW	DIE		L	<del></del>		1	<del>-</del>	<del></del>	
				and must	he equal to or	exceed top allo	nuable for th	is depth or be for	full 24 hou	re )	
Date First New Oil Run To Tank	Date of Tes		oj soda od i	una musi		thod (Flow, pu			1111 24 71011	73.)	
Date of 10s						•		•			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	nual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
								<u> </u>			
GAS WELL					15(. A · ·	A A 1.A.A.		18- 5-8	<del></del>		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Con	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Choke Size			
					ļ						
<b>VI.</b> OPERATOR CERTIF	TCATE OF	COMP	LIANC	E		)II (^^k	ICEDIA	ATION D	NACIC	NA I	
I hereby certify that the rules and r	-				`		ISENV	AHOND	141216	MA	
Division have been complied with			en above							- ,	
is true and complete to the best of	ing knowkoke an	<i>ज्या</i> च.			Date	Approve	d			· · · · · · · · · · · · · · · · · · ·	
I'm m.M.	4.7										
Signature	· · · · · · · · · · · · · · · · · · ·			···	By_	4 . ,	<u> </u>	6.V		·	
K. M. Miller Printed Name		Div. Ope	ers. Eng Tide	gr.	}	:	nie in	•			
April 25, 1991			88-483	4							
Date		Tele	phone No.		11						

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.