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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 8/410					BLE AND .						
I. Operator		IOINA	INSP	ON I OII	- AND INA	TONAL G		API No.			
Texaco Exploration and	d Produc	tion I	[nc.								
Address			0.1.0	2520							
P.O. Box 730 Hobbs.  Reason(s) for Filing (Check proper box)	New Mex	<u> </u>	3240-	-2528	X Oth	ет (Please expl	lain)				
New Well		Change in	-		EF	FECTIVE	6-1-91				
Recompletion	Oil Casinghea	d Gas 🖂	Dry Ga	_							
If change of operator give name		$\overline{}$	1/2		. Box 73	0 Hobb	s. New 1	Mexico 88	3240-25	 28	
and address of previous operator		••••	_//~	<u>t</u>	. 5011 75	0 11000	<del>, 1,0,,</del>				
II. DESCRIPTION OF WELL AND LEASE  Lease Name, 1 Well No. Pool Name, Including Form						Formation Kind o			f Lease No.		
JV. Beker					State,			Federal of Fee	)		
Location Unit Letter	_ :2	23/D	Feet F	rom The	Mary Lin	e and	<u> 130</u> Fe	et From The _	We5	Line	
Section 27 Townsh	iip 220	<u>`</u>	Range	37	, N	МРМ,		<i></i>	5	County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AN	ID NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sate	,	Address (Giv	e address to w	hich approved	copy of this for	rm is to be se	ent)	
Name of Authorized Transporter of Casin		rse 1	or Dry	Gas	Address (Giv	ve address 10 w	hich approved	copy of this for	rm is to be si	ent)	
Name of Authorized Transporter of Cash	Igical Cas		0. 2.,								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuali	y connected?	When	?			
If this production is commingled with that	from any oth	ner lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA		10:17/-11	<del></del> -	Con Wall	I Nam Wall	Wadenia	l Danner	Plug Back	Sama Pas'v	Diff Res'v	
Designate Type of Completion	ı - (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Flug Back	Same Res v	Dill Kes v	
Date Spudded	Date Com	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
. 41.0											
		TUBING, CASING AND									
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	+										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ARLE	<del></del>						<del></del>	
OIL WELL (Test must be after	recovery of to	otal volume	of load	oil and mus	t be equal to or	exceed top all	lowable for thi	s depth or be fo	r full 24 hou	rs.)	
ate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	<del></del>		Gas- MCF				
Actual Floir During Test	Oli - Buis.						_				
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tuhino Pn	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
resum Metrico (prox. odex pr.)											
VI. OPERATOR CERTIFIC	CATE OF	COMF	PLIA	NCE				ATION			
I hereby certify that the rules and regu	ulations of the	Oil Conser	vation				NOEHV	ATION [	אפועוע	אוע	
Division have been complied with and is true and complete to the best of my	1 mat the info knowledge 2	mnauon giv nd belief.	en abov	<b>'</b> E	Date	Approve	مط !	SIFIN	4.4		
Sul					Dale						
Millour				<del></del>	∥ <sub>Bv</sub> _	ORIGINA	L SIGNED	BY INDI	NON		
Signature M.C. Duncan	Engi	ineer's		sistant				<del>UPERVISO</del> R			
Printed Name		20	Title	101	Title	Manager metry					
7-8-91 Date			3307] ephone 1								

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.