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

State of New Mexico F _gy, Minerals and Natural Resources Departme.

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OI	L AND NA	TURAL G					
Operator Pro-Gas Operati	ng Inc	•					Well	API No.			
Address P.O. Box 10888			exas	79702					 		
Reason(s) for Filing (Check proper box)						et (Please expl	ain)				
New Well		Change in	Transpo	rter of:			•				
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghea		Conden								
If change of operator give name Xaco and address of previous operator	Inc	P.O. I	30x 7	28 – H	obbs, Ne	w Mexico	88240				
II. DESCRIPTION OF WELL	AND LEA	ASE				<i>a</i>					
W. L. Nix					ting Formation South Bruns d Drinkard-abo			Kind of Lease State, Federal or Fee		Lease No. 163543	
Location Unit Letter N	16	50			WEST	. and 660			SOUTH		
17	220	.50	. Feet Fro	om The	_		•	eet From The	500111	Line	
Section 17 Townshi	p 22S		Range	381	E , N!	МРМ,	LEA			County	
III. DESIGNATION OF TRAN	SPORTE			D NATU							
Name of Authorized Transporter of Oil	XX	or Conden				e address to wi				•	
Texas N.M. Pipeline Co. (0055-1406) Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					P.O. Box 2528, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)						
Texaco Producing Inc.	لمما	O. Diy			× 3000						
If well produces oil or liquids,	Unit Sec.		Twp. Rge.					When ?			
give location of tanks.	ic	20	22S	38E			L	1/17	7/65		
If this production is commingled with that	from any other	r lease or	pool, giv	e comming	ing order numb	ber:	CTB-1	.43			
IV. COMPLETION DATA		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			ļ		Tatal Dooth		<u> </u>	ļ	<u> </u>		
Date Spudded 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			
	TI	IRING	CASIN	GAND	CEMENTIN	JG RECORI	<u> </u>	1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				_							
											
. TEST DATA AND REQUES	T FOR AI	LLOWA	BLE								
OIL WELL (Test must be after re				l and must	be equal to or i	exceed top allo	wable for this	depth or be f	or full 24 hour.	3.)	
Date First New Oil Run To Tank	Date of Test					thod (Flow, pur					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
ual Prod. During Test Oil - Bbls.					Water - Bbla.			Gas- MCF			
Oil - Duis.											
GAS WELL											
Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
II Opport Too Too					r	 	·	L			
I. OPERATOR CERTIFICA				CE		II CON	SERV	TION F		NI .	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Data Annual ANN						
					Date Approved						
Diarne Alle					By SONAL GONED BY JERRY SEXTON						
Signature Lianno Cilos					ByBY JERRY SEXTON						
Lianne Giles Production Agent Printed Name Title											
September 4, 1990	(915)	697-	9567		Title_		, , , , , , , , , , , , , , , , , , , 				
Date		Talant	one No		ı						

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.