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

State of New Mexico 2 agy, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antesia, NM 88210

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	ANSI	PORTO	L AND NA	TURAL G		1800	····		
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 29353			
Address											
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	w Mexico	8824	0–25	28	X Ou	ver (Please exp	lain)				
New Well Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion	Oil	· · · · · · · · · · · · · · · · · · ·	Dry	_							
If change of operator give name Toyloo loo Do Toyloo loo Do Toyloo											
and addition of previous operator											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
						WADD ADO COUTU			State, Federal or Fee 053070		
Location											
Unit LetterE	Letter E : 1980 Feet From The NORT						<u> </u>	Feet From The	t From The WEST Line		
Section 33 Township 22S Range 38E , NMPM, LEA Co									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing		1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)									
Texaco Exploration and Production Inc.						0. Box 11	137 Eun	ice, New M	e, New Mexico 88231		
If well produces oil or liquids, give location of tanks.						gas actually connected? When YES			7 10/08/84		
If this production is commingled with that i	rom any othe	er lease or	pool, g	ive comming	_1				700704		
IV. COMPLETION DATA		louw w		6 . W :	1	1	γ	7	Y		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	# <u>-</u>		P.B.T.D.	·		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								. doing Dep	roomg Depui		
Perforations								Depth Casir	g Shoe		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
								- 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ARIF					<u> </u>			
OIL WELL (Test must be after re					be equal to or	exceed top allo	owable for th	is depth or be j	for full 24 how	rs.)	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Press.	іле	· 	Choke Size	Choke Size		
									O. MOE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gal- MCr		
GAS WELL					.l. 			_1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Onoke Size	Choke Size		
the state of the s								GIOLE SILE			
VI. OPERATOR CERTIFICA				NCE			ICEDV	ATIONI			
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.					Date Approved JUN 0 3 1991						
2mm 01	2					, tpp. ove.					
Signature					By Orig. Signed by Paul Kautz						
K. M. Miller Div. Opers. Engr. Printed Name Title					Title						
April 25, 1991 915–688–4834									···		
Date		Telep	phone 1	vio.							

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.