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

DISTRICT II P.O. Desmer DD, Astesia, NM \$\$210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

State of New Mexico gy, Minerals and Natural Resources Departme.

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-39 See Instructions at Bottom of Page

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| L | | IO IRA | INSPL | | AND NA | IUNAL GA | 10 | | | | |
|--|-----------------------------|--|-------------------------|-----------------|---------------------------|----------------------------------|---------------------------------------|--|-------------------|------------|--|
| I. TO TRANSPORT OIL AND NATURAL GAS Operator Texaco Exploration and Production Inc. | | | | | | | | Well API No. 30 025 09511 | | | |
| Address | | | | | | | <u></u> | | | | |
| P. O. Box 730 Hobbs, Nev Resca(s) for Filing (Check proper box) | N Mexico | 0 8824 | 0-252 | 8 | X Out | n (Piecese expl | aig) | <u>. </u> | | | |
| New Well Change in Transporter of:EFFECTIVE 10-01-91 | | | | | | | | | | | |
| | Oil | | Dry Ga | | | | | | | | |
| Change in Operator Casinghead Gas 🕅 Condensate | | | | | | | | | | | |
| If change of operator give name and address of previous operator Jexaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 | | | | | | | | | | | |
| IL DESCRIPTION OF WELL AND LEASE | | | | | | | | | | | |
| Lesse Name | | Well No. | | • | ing Formation | | State. | Kind of Lease Lease No. State, Federal or Fee | | ase No. | |
| EUGENE COATS 7 JALMAT TANSILL YATES SEVEN RIVER FEE | | | | | | | | | | | |
| Location Unit Letter | | | | | | | | | | | |
| | - · | 45 | | | | | | LEA | | County | |
| Sections 3 Township 24S Range 36E , NMPM, LEA 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) Shell Pipeline Corporation P. O. Box 2648 Houston, Texas 77252 | | | | | | | | | | | |
| Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give eddress to which approved copy of this form is to be sent) Texaco Exploration and Production Inc. P. O. Box 1137 Eunice, New Mexico 88231 | | | | | | | | | | | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | Rge. | + | | When | | | . <u></u> | |
| give location of tanks. | р | 3 | 245 | 36E | YES | | | UN | UNKNOWN | | |
| If this production is commingled with that it IV. COMPLETION DATA | from any oth | her lease or | pool, giv | e comming) | ling order num | ber: | , | · · · · · · · · · · · · · · · · · · · | | | |
| | | Oil Well | 1 | as Well | New Well | Workover | Deepea | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion Date Spudded | | ni. Ready to | Prod. | | Total Depth | <u> </u> | | P.B.T.D. | [| | |
| Les spanne | | Date Compl. Ready to Prod. Total Depth | | | | | | £.0.3.0. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Performions | | | | | 4 | | | Depth Casir | Depth Casing Shoe | | |
| | | TIPDIC | CASD | IC AND | CEMENTE | NG RECOR | | 1 | - | | |
| | · • | | | | | DEPTH SET | | SACKS CEMENT | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEFINISEI | | | | | | | |
| | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | |
| V. TEST DATA AND REQUES | T FOR / | LLOW | ABLE | | L | | | <u> </u> | | | |
| OIL WELL (Test must be after m | | | of load a | nil and must | be equal to or | exceed top all sthod (Flow, p | owable for thi | t depth or be | for full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Te | . | | | t lowering the | | | | | | |
| Leigh of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | | |
| Actual Prod. During Test | Oil - Bbls. | . <u></u> | | | Water - Bbls. | | | Gas- MCF | | | |
| | <u> </u> | <u></u> , | | | l | | · · · · · · · · · · · · · · · · · · · | l | | | |
| GAS WELL | 11 and 1 | Treat | | | Bble. Conden | este/MM/~F | - <u></u> | Gravity of | Condensate | <u> </u> | |
| Actual Prod. Test - MCF/D | Length of Test | | | | | | Gravity of Condensate | | | | |
| Testing Method (pilot, back pr.) | Tubing Pre | essure (Shu | l-iiii.) | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VL OPERATOR CERTIFIC | ATE OF | | LIAN | ICE | | | | | | ····· | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | OIL CONSERVATION DIVISION | | | | | | |
| 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 APR 30'92 | | | | | | | | |
| | _ | | | | | | <u> </u> | | | | |
| Signature By ORIGINAL SIGNED BY JERRY SEXTON | | | | | | | | | | | |
| L.W. JOHNSON Printed Name | | Eng | r. Ass Title | <u>t.</u> | 11 | | | | | | |
| 04-14-92 | | (505) | 393-7 | | | | | <u></u> | | | |
| Date | | Tele | ephone N | 0. | | | | | | | |

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.