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

State of New Mexico ...rgy, Minerals and Natural Resources Departm.

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., Aztec, NM 87410	REQ						AUTHOR					
I. TO TRANSPORT OIL AND NATURAL GA									Well API No.			
Texaco Exploration and Production Inc.								1 .	30 025 09560			
P. O. Box 730 Hobbs, Ne	w Mexic	o 8824	0-252	28								
Reason(s) for Filing (Check proper box)						X Ou	er (Please exp	rlain)				
New Well Change in Transporter of: EFFECTIVE 6-1-91												
Recompletion	Oil		Dry G									
	Casinghe	ad Gas	Conde	nuie	ᆜ_							
	co Prod		c.	P. 0	. Во	x 730	Hobbs, N	ew Mexic	o 88240-	2528		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Included Pool Name, Included						no Formation		Kine	of Lease	of Lease No.		
COOPER JAL UNIT	1 1				SILL YATES SEVEN RIVER FEE			Federal or Fe	1415			
Location		·							·			
Unit Letter	:165	0	. Feet F	rom Ti	e SC	OUTH Lie	e and99	O · 1	Feet From The	EAST	Line	
Section 13 Township	, 2	245	Range	36E		,N	МРМ,	· · · · · · · · · · · · · · · · · · ·	LEA		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	ND NA	ATU.	RAL GAS						
Name of Authorized Transporter of Oil or Condensate INJECTOR						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR						Address (Giv	ve address to w	hich approve	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Rge.	Is gas actually connected? When			?			
If this production is commingled with that IV. COMPLETION DATA	rom any oti	her lease or	pool, gi	ve com	mingl	ing order num	ber:					
Decision Time of Completion	~	Oil Well		Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pl. Ready to	Prod.			Total Depth	I	<u></u>	P.B.T.D.	<u> </u>	1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations										Depth Casing Shoe		
TUBING, CASING AND						CEMENTI	•			T		
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT			
	 -								 			
	 									•		
V. TEST DATA AND REQUES	T FOR A	ALLOW	ABLE									
OIL WELL (Test must be after re	covery of to	otal volume	of load	oil and	must					or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			G28- MCF				
GAS WELL						L				 		
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ire (Shut-in)		Choke Size	_			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	NCE				JOEDY	'ATION!	אטוערור		
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						
2.m. miller												
Signature K. M. Miller Div. Opers. Engr.						By						
Printed Name Title						Title						
April 25, 1991 915-688-4834												

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

