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ppropriate District Office
ISTRICT I ox 1980, Hobbs, NM 88240

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

## State of New Mexico Enc

Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	OR A	LLOWAE	BLE AND A	UTHOR!	ZATION				
I. TO TRANSPORT OIL AND NATURAL GAS  Operator Well 7								PI No.			
Texaco Exploration and Production Inc. 30								025 10613	3	DK	
Address P. O. Box 730 Hobbs, Nev	Meyico	88240	)_25	28							
Reason(s) for Filing (Check proper box)	MEXICO	00240			X Othe	r (Please expla	iin)				
New Well		Change in	Trans	porter of:	EF	FECTIVE 6	-1-91				
Recompletion	Oil		Dry (	Gas 📙							
Change in Operator	Casinghea	d Gas 🔲	Cond	ensate							
If change of operator give name and address of previous operator Texas	o Produ	icing Inc	). 	P. O. Bo	x 730	lobbs, Ne	w Mexico	88240-2	2528		
II. DESCRIPTION OF WELL	AND LEA						I Vied	f Lease		Vo	
Lease Name SKELLY PENROSE A UNIT	Well No. Pool Name, Includi							Lease Lease No. 685270			
Location			LA	MEIL MAI	TIX 7 TOTAL	d diotib	AIM IFEE				
Unit LetterC	Letter C : 660 Feet From The					and1980	) Fe	et From The WEST Line			
Section 4 Township	Township 23S Range 37E				, NMPM,			LEA	· · · · · · · · ·	County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	RAL GAS	-51	rut-	In_			
Name of Authorized Transporter of Oil SHUT-IN	P	or Conden	sale		Address (Give	e address to wi	iich approved	copy of this fo	orm is to be se	ni)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be									orm is to be se	nt)	
	SHUT=IN TOLOCO F				is gas actually	connected?	When	7			
If well produces oil or liquids, give location of tanks.	ii		<u>.</u>	_i		<u> </u>	i				
If this production is commingled with that f	rom any oth	er lease or	pool, g	give comming	ling order numb	er:					
IV. COMPLETION DATA		Oil Well	$\neg \tau$	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	1	i		i		<u>i</u>		İ	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	-		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				1			Depth Casin	g Shoe		
		TIBING	CAS	ING AND	CEMENTI	NG RECOR	D	<u> </u>	<del>-</del>		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TOBING SIZE			Jet meet							
					<del> </del>						
					<u> </u>						
V. TEST DATA AND REQUES	T FOR A	ALLOW	ABL	E							
OIL WELL (Test must be after re	covery of to	otal volume	of loa	d oil and must	be equal to or	exceed top all	owable for the	s depth or be	for full 24 hou	rs.j	
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			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	1				.1			<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Actual Prod. 1884 - MICPID	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
Testing Method (pitot, back pr.)								Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COM	AT. JC	NCE					D !! !! C : C		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation						DIL COM	<b>ISERV</b>	AHON	DIVISIO	אנ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Doto	Approve	.a	111A1 4)	is 1991		
·					Date	Approve	·u	<u></u>		<del> </del>	
2.M. Willer					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature K. M. Miller Div. Opers. Engr.					DISTRICT I SUPERVISOR						
Printed Name May 7, 1991	Title										

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.