Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Ent 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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Operator								Well API No.				
Texaco Exploration and Production Inc.								30 025 10624				
Address												
	ew Mexico	8824	0-2	528	- 1640	<del></del>	<del></del>					
Resson(s) for Filing (Check proper box)						X Other (Please explain) EFFECTIVE 6-1-91						
New Well Change in Transporter of:  Recompletion Oil Dry Gas												
Recompletion	Casinghea	46 -		densate								
follows of sources sine some					700							
and address of previous operator TEX	aco Produ		<u>c.</u>	P. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-2	2528			
II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Na.				Name, Includi	ding Formation			Kind of Lease		ease No.		
SKELLY PENROSE A UNIT		17	1		-	S Q GRAYBU	JRG FEE	State, Federal or Fee FEE		685270		
Location	600	<u> </u>		NC	DTU	1000			EAST			
Unit LetterB							RTH Line and 1980 Feet From The EAST Line					
Section 4 Township 23S Range 37E					, NMPM, LEA				County			
III. DESIGNATION OF TRA	NSPORTE			ND NATU	RAL GAS		*.t			-4		
Name of Authorized Transporter of Oil INJECTOR		or Conde	nsale		Address (Gr	ve address to wh	uch approved	copy of this j	Orm 15 10 0e se	<i></i>		
Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR					Address (Give address to which approved copy of this form is					nt)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw <sub>I</sub>	p.   Rge.	is gas actual	ly connected?	When	. 7				
If this production is commingled with the IV. COMPLETION DATA	t from any oth	ner lease or	pool,	give comming	ing order num	iber:						
Designate Type of Completion	n - <i>(X</i> )	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
late Spudded Date Compt. Ready to Prod.					Total Depth P.B.				B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
		WIDDIG	~	CINIC AND	CEMENT	NC DECOD	<u> </u>	<u> </u>	<del></del>			
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	- CA	CASING & TUBING SIZE				DEF THISE!			ONONO GENERAL			
								-				
									······			
V. TEST DATA AND REQUI	ST FOR A	ALLOW	ABL	Æ				is doub as be	for full 24 hour	1		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of loc	aa ou aha musi	Producing M	lethod (Flow, pu	mp, gas lift,	eic.)	jor juli 24 Rou			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	, and the second				Water - Bbls.			Gas- MCF			
Vernet stor range ten	1 Prog. During 1684   Uil - Bois.					<del></del>		<u> </u>		<del></del>		
GAS WELL		<b>*</b>			Inche Compa	acote A A A A C		Gravity of	'modenessa			
Actual Prod. Test - MCF/D		Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC						OIL CON	ISFRV	ATION	DIVISIO	)N		
I hereby certify that the rules and reg Division have been complied with an					]	J.L JUI		_		- 1 •		
is true and complete to the best of my			- CH BO	~76	Date	Annrous	ત હં	Şar -				
					Date	e Approve	o					
J. M. Willer Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
K. M. Miller Printed Name	· · _ · · ·		Title	_	Title			OFER VISO	K			
May 7, 1991			688	-4834				<del></del>	<del></del>			

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.