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Appropriate District Office
DISTRICT I P.O. Box 1980, Houbs, NM 88240

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

State of New Mexico

Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Ener

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	EST FO	R Al	LLOWAE	LE AND A	AUTHORIZ	ZATION AS				
I. TO TRANSPORT OIL AND NATURAL GAS Operator Texaco Exploration and Production Inc.							Well	Well API No. 30 025 10681			
Address									-	,	
P. O. Box 730 Hobbs, Ne	w Mexico	88240	-252	.8	X Oth	r (Please expla	zin)				
Reason(s) for Filing (Check proper box)		Change in ?	Transix	orter of:	_	FECTIVE 6					
New Well	Oil '		Dry G								
Recompletion Change in Operator	Casinghead										
Change is Operation	co Produc			P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	2528		
II. DESCRIPTION OF WELL	AND LEA	SE					T ===				
Lasse Name Well No. Pool Name, Includ					ng Politikoou State, F			of Lease , Federal or Fe	ederal or Fee 685270		
SKELLY PENROSE A UNIT		56	LAN	GLIE MAT	TIX 7 RVR	S Q GRAYBI	JRG FED	ERAL			
Location	. 1650		Rest F	mm The SC	OUTH Lin	e and 660)1	Seet From The .	EAST	Line	
	9 23S 2 37F				, NMPM,			LEA	LEA County		
Section Towns											
III. DESIGNATION OF TRAI		or Condens	L AN	ND NATU	Address (Giv	e address to w	hich approve	d copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Oil Shell Pipeline Corporation	X	or condens	anc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252						
	/ Gas	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					P.	0. Box 11	137 Eun	ce, New M	e, New Mexico 88231		
If well produces oil or liquids,	Unit	Unit Sec. Twp.			Is gas actually connected? Wh		2 7 UNKNOWN				
give location of tanks.	44	4 1	235		<u> </u>	YES		- Oi	IKINOVIN		
If this production is commingled with that IV. COMPLETION DATA	t from any othe				New Well	Workover	Deepen	Mug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)	Oil Well	1	Gas Well	I Vew Act	MOLKOVEI	Deepea	1 Link Dack			
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth	I	<u>-1</u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
					<u> </u>			Dorth Cari	Depth Casing Shoe		
Perforations											
	T	TUBING, CASING AND				CEMENTING RECORD			T		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					<u>.</u>						
					 						
V. TEST DATA AND REQUE	ST FOR A	LLOWA	ABLE	<u> </u>	<u> </u>						
OIL WELL (Test must be after	recovery of 10	tal volume	of load	i oil and mus	i be equal to o	r exceed top all	lowable for i	his depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Tes				Producing N	lethod (Flow, p	nump, gas lift	, elc.)			
					Casing Pres	aure		Choke Size	;		
Leagth of Test	Tubing Pre	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL					.l		-				
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	neste/MMCF		Gravity of	Gravity of Condensate		
	Tubing D	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Troug He	Tuoing Pressure (Sittle-III)									
VI. OPERATOR CERTIFIC						OIL COI	NSER'	VATION	DIVISIO	NC	
I hereby certify that the rules and reg Division have been complied with an	ulations of the	Oil Conser	en abo	ve					*		
is true and complete to the best of m	y knowledge a	nd belief.		··•	Det	e Annrove	ed		<u> </u>		
,					Dat	c , (pp.046					
7.M. Willen					Bv						
Signature K. M. Miller		Div. Op	ers.	Engr.	-, -						
Printed Name	·		Title		Title	-					
May 7, 1991			ephone								
Limit					11						

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.