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

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

State of New Mexico Ene

Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

ISTRICT III 100 Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FO	OR AL	LOWAB	LE AND A	UTHORIZ	ATION S				
TO TRANSPORT OIL AND NATURAL GAS								Pl No.	./		
exaco Exploration and Production Inc.							30 0	25 10786	V		
ddress . O. Box 730 Hobbs, Ne	w Maxica	99240	1_252	R							
. O. Box 730 Hobbs, Necesson(s) for Filing (Check proper box)	w Mexico	88240	<u> </u>	<u>-</u>	-	A (Please explai					
ew Well		Change in	-	1 1	EF	FECTIVE 6-	1-91				
ecompletion	Oil		Dry Ga								
hange in Operator X	Casinghead					Labba Nov	Mayica	99240-2	528		
change of operator give name d address of previous operator Texa	co Produc	cing Inc	c. <u> </u>	P. O. Box	730	Hobbs, Nev	v Mexico	88240-2	320	<del></del>	
. DESCRIPTION OF WELL	AND LEA	SE					Kind o	f Lease	1.0	ase No.	
esse Name	Well No. Pool Name, Including				State, I			Federal or Fee	ederal or Fee 802170		
E L STEELER			LANG	LIE MAI	IIV 1 UAD	y QUINTEO	······································				
ocation Unit LetterM	. 860		Feet Fr	om The SO	UTH Lie	e and660	Fo	et From The	WEST	Lin	
						ema 4		LEA		County	
Section 17 Townsh	<sub>ip</sub> 23	5	Range	3/E	, N	MPM,		LLA		County	
I. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
lame of Authorized Transporter of Oil	רסו	or Conde	nsale		Vogtese (Ou	e address to wh					
Texas New Mexico Pipeline			4			ver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231						
f well produces oil or liquids,		Unit Sec. Twp. Rge.			is gas actually connected? When			7			
ive location of tanks.	<u> J</u>	17	235		<u> </u>	YES		UN	KNOWN		
this production is commingled with the	from any other	er lease or	r pool, gi	ve comming!	ing order num	ber:					
v. COMPLETION DATA		Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	i	_i_		i	<u> </u>	L	<u></u>	<u> </u>	_1	
Date Spudded	Date Comp	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
TO DE DES DE CO de l	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation									Depth Casing Shoe		
Perforations								Depth Casi	ng Shoe		
		-10010	CACI	NG AND	CEMENT	NG RECOR	D.				
1015000		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	- CA	SING a I	OBING	UILL .	1						
								<del> </del>			
D. ITH. AND DEOLU	COT FOR	HOW	VARI.	7.	1			<u> </u>			
V. TEST DATA AND REQUIDED IL WELL (Test must be after	recovery of to	stal volum	e of load	I oil and mus	t be equal to c	r exceed top all	owable for th	is depth or be	for full 24 ho	ers.)	
Date First New Oil Run To Tank	Date of Te				Producing N	lethod (Flow, p	ump, gas lift.	etc.)			
						Casing Pressure			Choke Size		
Length of Test	Tubing Pro	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
Actual Flore Desiring 1 oct					<u> </u>						
GAS WELL					= -	, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>	Carle		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
	TOLIZE N	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Indied Lieserie (20me-m)										
VI. OPERATOR CERTIFI	CATE O	COM	PLIA	NCE		OIL CO	MCED!	/ATION	DIVICI	ON	
I hearby certify that the rules and re-	zulations of the	e Oil Com	servation	ı		_					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					_	te Approv	ad	Ì	in to	135	
is true and complete to the best of the	iy kinowicoge i	mei velici.	•		∥ Da	e Approv	ea				
J.M. Willew					D.,	CHIO			1.7	M	
Signature		Div (	nere	Engr.	Ву		7. <b>4</b> %				
K. M. Miller Printed Name			Title		Ti+l	θ					
May 7, 1991			-688-			<u> </u>					
Date		T	clephone	No.						والسبيطية	

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.