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

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

State of New Mexico Eng

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410						AUTHOR					
TO TRANSPORT OIL AND NATURAL GAS								API No.			
Texaco Exploration and Production Inc. 30								025 11929		DK	
Address											
P. O. Box 730 Hobbs, Nev	v Mexico	8824	0-2528		V1 04	(DI	Intal				
Reason(s) for Filing (Check proper box)		~	~			er (Please exp	=				
Well Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion	Oil	누	Dry Gas								
Change in Operator	Casinghea	d Gas	Condens	ave							
and address of previous operator	co Produ		c. P	. O. Bo	x 730	Hobbs, Ne	ew Mexico	88240-2	528		
II. DESCRIPTION OF WELL							Kind	x Lease	1 1	ase No.	
Lease Name	1 1				State, F			Federal or Fee			
G D RIGGS B		6 JUSTIS BLINEE				SRY FEDE					
Unit LetterA	A 660 NO					e and56	0 · Fe	et From The EAST Line			
Section 1 Township 26S Range 37E					, NMPM,			LEA		County	
III DESIGNATION OF TRAN	SPORTE	R OF O	IL ANT	NATII	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)									nt)		
Texas New Mexico Pipeline C						1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casing	30.8 <u> </u>	Address (Give address to which approved copy of this form is to be sent)									
El Paso Natural			P. O. Box	1492 EI	Paso, Tex	as 79978	3				
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		is gas actually connected?		When	When ?			
give location of tanks.					YES		1	UNKNOWN			
If this production is commingled with that f	rom any oth	er lease or	pool, give	comming	ing order num	ber:					
IV. COMPLETION DATA					•						
		Oil Wel	ı G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1			i	i	i	i i		i	
Date Spudded	Date Com	ol. Ready t	o Prod.		Total Depth			P.B.T.D.			
								•			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		TIDDIC	CASIN	C AND	CEMENTI	NG PECOI	<u> </u>	<u> </u>			
	TUBING, CASING AND				DEBTH SET			1 6	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAUNS CEMENT			
								 			
	<u> </u>				<u> </u>			 			
					<u> </u>			J			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE						4.11.24 6	N	
OIL WELL (Test must be after re			of load o	il and must	be equal to of	exceed top at	lowable for the	s depin or be jo	or juil 24 nou	75.)	
Date First New Oil Run To Tank	Date of Test						oump, gas lift, i	·			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	J										
GAS WELL	,,,				Ibble Conde	sate/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test							·			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulativision have been complied with and its true and complete to the best of my I	ations of the	Oil Conse	avation	CE	! }			ATION I		N	
		viivi.			11						
7.M. Willer					By						
K. M. Miller Div. Opers. Engr.					Title						
May 7, 1991										· 	

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.