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

## State of New Mexico 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Santa Fe, New Mexico 87504-2088

I.	T	O TRA	NSP	ORT OIL	AND NAT	URAL GA	NS TWO	(b) No		<del></del>	
Operator								(all API No. 30 025 12056			
Texaco Exploration and Production Inc.								020 1200		<u></u>	
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240	-252	8							
Reason(s) for Filing (Check proper box)						t (Please expla			•		
New Well		Change in	-		EF	FECTIVE 6-	-191				
Recompletion X	Oil		Dry Ga Conde								
Calago in Operation come	Casinghead						00040 0				
and address of previous operator Texa	co Inc.	P. 0.	Box	730 H	obbs, Nev	Mexico_	88240-2	528		<del></del>	
II. DESCRIPTION OF WELL	AND LEAS	SE					1 20:- 4	-61	<del></del>		
Lease Name Well No. Pool Name, Including					State			of Lease Federal or Fe	Federal or Fee 617630		
W H RHODES B FEDERAL NO	CT 1	10	RHOL	DES YATE	S SEVEN F	INERS	FEDE	-RAL			
Location Unit LetterN	:660		Feet F	rom The SO	UTH Line	and1980	) F	set From The	WEST	Line	
Section 26 Township	, N	IPM,		LEA	LEA County						
III. DESIGNATION OF TRAN	SPADTED	ስፑ ሰነ	IL AN	ID NATIII	RAL GAS						
Name of Authorized Transporter of Oil INJECTOR		or Conden	sale		Address (Giv	e address to wi	hich approved	l copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, pive location of tanks.	rell produces oil or liquids, Unit location of tanks.		Twp.	Rge.	is gas actually connected? When		n ?				
If this production is commingled with that	from any othe	r lease or	pool, gi	ve comming!	ing order numi	ber:				<del></del>	
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Type of Completion - (X)  Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
•					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					100 010 022 129			•			
Perforations	<u></u>							Depth Casis	ng Shoe		
TUBING, CASING ANI					CEMENTI			T			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	<u> </u>			lamabla for th	ia dandh ar ba	for full 24 hou	re)	
OIL WELL (Test must be after	Date of Tes		of load	oil and must	Producing M	ethod (Flow, p	owabie jor in wnp. gas lift.	elc.)	jor juli 24 noi	ν3.,	
Date First New Oil Run To Tank											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	gt Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
Levels tor saint ton	J Doile.										
GAS WELL									·		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	I mouth a reserve (reverse)								· · · · · · · · · · · · · · · · · · ·		
VI. OPERATOR CERTIFIC	CATE OF	COMI	PLIA	NCE			USERV	/ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION  Date Approved						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Annrow	ad	JUN	03 199	)]	
					Dall	- White				-	
2.M.Miller					By_			<u>a ay at di</u>		<del></del>	
Signature K. M. Miller Div. Opers. Engr.							District	i supervis	Kiri		
Printed Name May 7, 1991		915	Title 688-	4834	Title	)				<u></u>	
May 7, 1991			ephone								

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.