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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

State of New Mexico Minerals and Natural Resources Department Ene

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 00 Rio Brazos Rd., Aztec, NIM 87410	REQU	EST FO	R ALL	OWABI	LE AND A	AUTHORIZ	AS				
TO TRANSPORT OIL AND NATURAL GAS Texaco Exploration and Production Inc.								PI No. 25 12388		OK	
ddress			 								
O. Box 730 Hobbs, New cason(s) for Filing (Check proper box) iew Well completion hange in Operator		Change in		er of:		es (Please expl FECTIVE 6					
	o Produ	icing Inc	. Р	. O. Box	730	Hobbs, Ne	w Mexico	88240-25	28		
DESCRIPTION OF WELL AND LEASE ase Name MEXICO L Well No. Pool Name, Including the Pool Name of Pool Name of Pool Name of Pool Name of Name					j State, i			deral or Fee 504550			
ocstion Unit LetterB	B 816 F. T. NO					RTH Line and 1780 Feet From The EAS				Line	
Section 5 Township 25S Range 38E					, NMPM, LEA				A County		
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil Texas New Mexico Pipeline C	I	R OF O	sale [Address (GI	1670 Broa	dway Den	copy of this for	do 8020	2	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					·	P. O. Box	1492 EI	copy of this form is to be sent) Paso, Texas 79978			
if well produces oil or liquids, ive location of tanks.	Unit G	G 5 25S 38E				ly connected? YES	When	01/25/74			
this production is commingled with that f V. COMPLETION DATA	rom any oth			comming!	ng order nun		Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	Oil Well		as well	i	İ		<u>i</u>		<u>i</u>	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				<u> </u>			Depth Casing	Shoe		
		TUBING,	CASIN	NG AND	CEMENT	ING RECO	RD		10//0 OF 1	CAIT	
HOLE SIZE	CA	ISING & T	UBING S	IZE	 	DEPTH SE	<u> </u>	S	ACKS CEM	ENI	
					ļ						
								ļ	<u>,.</u>		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		<u> </u>	<u> </u>	9		- 6.11 24 hou		
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of To	otal volume	of load o	oil and musi	Producing l	viethod (Flow,	pump, gas lift,	etc.)	y just 24 nou		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>							Gravity of C	,		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pre	ssure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	lations of the	e Oil Conse ormation gi	ervation		Da			ATION I			
It files and complete to any or my	knowledge	and belief.			Da	re whhioi					
3. M. Miller Signature K. M. Miller			pers. I	Engr		90 gen		<u>. Parti di Saba-</u> Tagaban di Mala	-7-270 il		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

