Submit 5 Copies
Appropriate District Office
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	JEST FO	OR ALLOWA	BLE AND	AUTHOR	IZATION					
I. Operator			NSPORT O			AS		_			
Texaco Exploration and Production Inc.							Well API No. 30 025 12437				
Address		····					025 12437		<u> </u>		
P. O. Box 730 Hobbs, Ne	w Mexico	88240	-2528								
Reason(s) for Filing (Check proper box) New Well		Change in	Transporter of:		her (Please expi FFECTIVE 6	•					
Recompletion	Oil		Dry Gas		FLECTIAE 0	-1-91					
Change in Operator	Casinghea	d Gas	Condennate								
If change of operator give name and address of previous operator Text	aco Produ	ucing Inc	. P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-25	28			
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No. Pool Name, Including Formation					of Lease				
HOBBS A	7 JUSTIS TUBB			DRINKARD) 	State, STA	Federal or Fee	3256			
Unit LetterD	_ :467		Feet From The N	ORTH Li	se and467	'. F	set From The W	EST	Line		
Section 30 Townsh	ip 2!	5S	Range 38E	,N	ІМРМ,		LEA		County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	L AND NATE	RAT. GAS							
Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co. To Condensate					we address to wi	copy of this form	do 8020	<i>M)</i>			
Name of Authorized Transporter of Casin El Paso Natural	ghead Gas Gas Corr	pany	or Dry Gas		ve address to wi	ick approved	d copy of this form is to be sent) Paso, Texas 79978				
f well produces oil or liquids, Unit Sec. Twp. R			Twp. Rge. 25S 38E	is gas actual	ly connected?		Vhea ? UNKNOWN				
If this production is commingled with that	from any oth	er lease or p	ool, give comming	ling order num			ONKI	AO AN IA			
IV. COMPLETION DATA		1	 .	,	· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Comp	l. Ready to	Prod.	Total Depth	I	L	P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation			Top Oil/Gas	Pay		Tubing Depth				
Perforations							Depth Casing Shoe				
							Expui Casing 5	aoc			
HOLEONE			CASING AND	CEMENTI	NG RECOR	D	·				
HOLE SIZE	CAS	ING & TUE	BING SIZE		DEPTH SET	-	SAC	CKS CEME	NT		
	 						 				
											
TECT DATA AND DECLIC	T FOR A	I I OWA									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to on	exceed top alla	wahla fan skie	dand as bodie				
Date First New Oil Run To Tank	Date of Test	1	POGG ON GIAS PROSE	Producing Me	ethod (Flow, pu	mp, gas lift, e	ic.)	THE 24 NORT	£.)		
Leagth of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.			Water - Bbls.			Gas- MCF			
GAS WELL	1				·						
GAS WELL Actual Prod. Test - MCF/D Length of Test					sate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
A ODED ATOD CEDIMINA	A TITE 65	001 65		¦r							
I hereby certify that the rules and regula	tions of the O	di Conserval	ion	C	DIL CON	SERVA	TION DI	VISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						چر جدرات د در	で 養養養養しみ では				
^ /	_			Date	Approved	i	JUN (# 12 f			
K. M. Miller							-				
K. M. Miller Printed Name		T	s. Engr.	By Title							
May 7, 1991 Date		915-68 Teleph	8-4834 one No.	i ilie.				 			

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.

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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Emergy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410			ALLOWA								
I. TO TRANSPORT OIL AND NATURAL GAS							Well API No.				
Texaco Exploration and Production Inc.							30 025 12437				
Address P. O. Box 730 Hobbs. Nev	Marilaa - 6										
Reason(s) for Filing (Check proper box)	Mexico 8	38240-2	528	X Out	et (Please expl	a in t					
New Well		FECTIVE 6	•								
Recompletion	Oil Ca	ange in Trai	Gas	Er	TECTIVE O	-1-31					
Change in Operator	Casinghead G		ndensate								
If change of operator give name	co Producir	_=	P. O. Bo	x 730	Hobbs. Ne	w Mexico	88240-25	28			
II. DESCRIPTION OF WELL							002.0	<u> </u>			
Lease Name	Well No. Pool Name, Include						Kind of Lease State, Federal or Fee		se Na.		
HOBBS A	7 JUSTIS BLINE			BRY			STATE		325610		
Location Unit LetterD	:467	Fee	t From The NO	RTH Lin	e and467		set From The Wi	ST	Line		
Section 30 Township	, 25\$	Ran	nge 38E	,N	MPM,		LEA		County		
III. DESIGNATION OF TRANS	SPORTER (OF OIL A	AND NATU								
Texas New Mexico Pipeline C	Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co. Or Condensate					Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casing El Paso Natural	head Gas [] Gas Compa	or I ny	Dry Gas	Address (Giv	e address to wh	copy of this form Paso, Texas	is to be sent 3 79978)			
If well produces oil or liquids, give location of tanks.	Unit Sec		p. Rge. 5S 38E	is gas actuali			When 7 UNKNOWN				
If this production is commingled with that f IV. COMPLETION DATA	rom any other le	ase or pool,	give comming	ing order num	ber:						
Designate Type of Completion -		il Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl. R	eady to Pro	d.	Total Depth	<u> </u>	٠	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth				
Perforations	<u> </u>						Depth Casing S	hoe			
	חודר -	ING CA	SING AND	CEMENTI	NG RECOR	D					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				023112111	DEPTH SET	<u>. </u>	SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR ALL	OWARI	E								
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	denth or he for t	full 24 hours	ì		
Date First New Oil Run To Tank	Date of Test	<u> </u>			ethod (Flow, pu						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF				
GAS WELL	<u> </u>			l. <u> </u>	· · · · · ·		<u> </u>				
				Bbis. Conden	sate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VL OPERATOR CERTIFICA	ATE OF CO	OMPLI/	ANCE			ICED!	ATION D	\/\C\C\			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of my kg	-	lief.		Date	Approve	d		91			
Signature						<u></u>					
K. M. Miller Printed Name	K. M. Miller Div. Opers. Engr. Printed Name Title					Title					
May 7, 1991	9	15-688 Telephon									

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