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

State of New Mexico ____rgy, Minerals and Natural Resources Departme.

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
Texaco Exploration and Pro	duction i	nc.					30	025 22738			
Address							- <u>-</u>		···		
P. O. Box 730 Hobbs, New	w Mexico	88240	0-25	528							
Reason(s) for Filing (Check proper box)					X Oun	es (Please expla	in)		,		
New Well		Change in	Ton	sporter of:	EF	FECTIVE 6-	-1-91				
Recompletion	Oil		Dry	• —							
· 107	Casinghea	4 Cas 🗀		densate							
CLEBS IS OPERATOR	Cangaza										
If change of operator give name and address of previous operator Texa	co Inc.	P. 0.	Box	к 730 H	obbs, Ne	w Mexico_	88240-2	528		 	
-	ANDIE	CE									
L DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Included the control of th					ne Formation		Kind	of Lease.	1.	ease No.	
Lease Name					-		State	State Federal or Fee		145870	
COTTON DRAW UNIT		72	PA	DUCA DELA	WARE NO	110	STA	HE			
Location									-		
Unit Letter P	_ : <u>660</u>		Feet	From The SO	UIH Lia	e and660	F	eet From The EA	51	Line	
Section 33 Townshi	p 24	45	Ran	ge 32E	,N	MPM,		LEA		County	
		D OF O	.	AUS BLATTE	242 140						
III. DESIGNATION OF TRAN				INU NATU	Address (Ci	e address tol	ick con-	d come of this for-	ie to he -	nat)	
						Address (Give address to which approved copy of this form is to be sent) 16825 Northchase Blvd., Ste. 600 Houston, Texas 770					
					<u> </u>						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips 66 Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent) 990G Plaza Office Bldg. Bartlesville, Oklahoma 7400						
If well produces oil or liquids,	Unit	K 34 245 32E			is gas actually connected? Whe			1?			
give location of tanks.					, •	YES	i	02/21/71			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool,	give comming!	ing order num	ber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ	Ì		1	1	1	1 1		1	
Date Spudded	Date Comp	al. Ready to	Proc	1.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>					- <u></u>		Depth Casing S	hoe		
								1			
	τ	UBING.	. CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		SING & TI				DEPTH SET		SAC	CKS CEM	ENT	
HOLE SIZE		3/// 4 //						1			
	 				<u> </u>						
				_ -	 			1			
	 				-			 			
V. TEST DATA AND REQUE	ET EOD A	HOW	ARI	F	L						
	31 FUR A	est audiens	erne.	est ad ail and must	he equal to or	exceed top all	numble for th	is depth or he for	full 24 hos	re)	
OIL WELL (Test must be after to Date First New Oil Run To Tank			9 100			ethod (Flow, pu			,		
Date Firm New Oil Kun 10 lank	Date of Te				,	(1 WAI P	 				
	 				Casing Press	ure		Choke Size			
Length of Test	Tubing Pre	Tubing Pressure			Ceoung Liess						
	1				Water - Bbls			Gas- MCF			
nual Prod. During Test Oil - Bbls.					Marci - Pols	•		Cas- Mici	Gas- MCI		
	1				1						
GAS WELL								•	•	-	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	nsate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	ure (Shut-in)		Choke Size	Choke Size		
Tanamas transcent (bases) many by 1			•		-						
	1 4 7000 000	0010	DT T	ANCE	1						
VI. OPERATOR CERTIFIC						OIL CON	ISERV	ATION D	IVISIO	NC	
I hereby certify that the rules and regul	lations of the	Oil Conse	rvalio	6							
Division have been complied with and is true and complete to the best of my	ink the info	mauoa gi\ nd helief	/CE AU	WAE				JUNO	9 10	04	
is true and complete to the best of my	PROMISSING TO	iii venei.			Date	Approve	d	UUNU	-3 1A	} 	
2/20 201. All	1									•	
2. M. Miller					By Orig. Signed by						
Signature K. M. Miller Div. Opers. Engr.					Paul Kautz						
R. M. Miller Printed Name		<u> </u>	Titl		7741 -			Geologist			
May 2, 1991		915-		-4834	Title	·					
Date		Tel	ephor	e No.							
			-								

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.