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

## State of New Mexico ergy, Minerals and Natural Resources Departn

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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		T	OTRA	INS	PORT OI	L AND NA	TUHAL GA					
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 26057					
Address P. O. Box 730 Hobbs, NM 88241-0730												
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Change in Transporter of:  Change in Transporter of:  Change in Transporter of:  Eff. 4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91  Change in Operator  Change in Condensate												
If change of operator give name and address of previous operator Sirgo	Оре	rating	g, Inc.	Ρ.	O. Box 35	31 Midla	nd, TX 79	702				
II. DESCRIPTION OF WELL	AND			<del></del>				T in				
1						ting Formation  TTIX 7 RVRS Q GRAYBURG  FEE			of Lease Federal or Fee Lease No.			
Location Unit Letter B	•	710		_ Feet	From The N	ORTH Lin	e and1980	) Fe	et From The	EAST	Line	
22	22					, NMPM,			LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Short In												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  TEMPORARILY-ABANDONED												
Name of Authorized Transporter of Casinghead Gas or Dry Gas  TEMPORARILY ABANDONED						Address (Give address to which approved copy of this form is to be sent)					nt)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.		Twp. Rge.		is gas actuali	Is gas actually connected?		When ?			
If this production is commingled with that f  IV. COMPLETION DATA	rom a	ny othe	r lease or	pool,	give comming	ling order num	ber:					
Designate Type of Completion	· (X)		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				on	Top Oil/Gas Pay			Tubing Depth			
Perforations		. <u> </u>			<u> </u>	<u></u>			Depth Casing Shoe			
TUBING, CASING AND							CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
							· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUES									1			
OIL WELL (Test must be after re Date First New Oil Run To Tank		y of lote of Test		of loa	d oil and mus		exceed top allo ethod (Flow, pu			or full 24 hou	rs.)	
Length of Test	Tubii	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil -	Oil - Bbls.				Water - Bbls.			Gas- MCF			
0.00	L						_,,,	· · · · · · ·	<u></u>			
GAS WELL Actual Prod. Test - MCF/D	Leng	th of To	est			Bbis. Conder	sate/MMCF		Gravity of C	Condensate		
Testing Method (pilot, back pr.)	Тиы	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  District hours because the control of the Oil Conservation of					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 2 7 1991							
Ja Hear			'				By Case 4 Mornard College College					
Signature J. A. Head			Area			-,-				<b>%</b> .		
Printed Name August 23, 1991			Title 393- phone	-7191	Title				<del></del>	<del></del>		
Date			1 616	paral	, 1 <del>40</del> .	TI .						

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.