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

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

State of New Mexico Lucrgy, 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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>1.</u>		IO IN	ANDI	ONI OIL	- AND NA	I UHAL GA					
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 27186			
Address								7 020 27 10			
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-25	28							
Reason(s) for Filing (Check proper box)			7		-	er (Please explo	•		•		
New Well	Oil	Change in	- '	_	Er	LECTIVE D	- 1-51				
Recompletion	Casinghea		Cond								
If change of operator give name	co inc.		. Box		John No	w Mexico	99240	2520			
and address of previous operator			. BUX	730 -	lobbs, Ne	W MEXICO	00240-	2326		•	
II. DESCRIPTION OF WELL AND LEASE [Lease Name Well No. Pool Name, Inch.]					ling Formation			Kind of Lease		Lease No.	
COTTON DRAW UNIT	74		•	WARE NORTH			State, Federal or Fee FEDERAL		145870		
Location											
Unit Letter N	:660	· · · · · · · · · · · · · · · · · · ·	_ Foct	From The SC	DUTH Lin	and	<u></u> i	Feet From The	WEST	Line	
Section 34 Townshi	p 24	48	Rang	e 32E	, N	MPM,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU							
Name of Authorized Transporter of Oil Teyaco Trading & Transport	. <u>. X</u>	or Conde	nsale					ed copy of this ;			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						16825 Northchase Blvd., Ste. 600 Houston, Texas 770 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.								ice, New M		•	
If well produces oil or liquids, give location of tanks.	liquids, Unit		Twp.		1 -	y connected? YES	Whe		/27/81	•	
If this production is commingled with that		er lease or							, _ , , , ,		
IV. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·	<u></u>				·	\		·	<u> </u>	
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. I		o Prod.		Total Depth		1	P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Doorb Cool	Depth Casing Shoe		
renorations								Depui Casi	ig Snoe		
	T	UBING.	. CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ <u></u>										
	-								<u>-</u>		
V. TEST DATA AND REQUES						•				·	
OIL WELL (Test must be after r	T		of load	i oil and must					for full 24 hou	78.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
OAC WELL	<u> </u>	-			<u></u>						
GAS WELL Actual Prod. Test - MCF/D	ll enoth of	[est			Bbls. Conden	sate/MMCF		Gravity of (Condensate	_	
CHANGE TOOK TOOK - MICHIEL	Length of Test				THE PERSON NAMED IN COLUMN 1						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	PLIA	NCE					B11 // C: -		
I hereby certify that the rules and regula	ations of the	Oil Conses	rvation		11	JIL CON	1SEH	/ATION,	DIVISIC	N	
Division have been complied with and			ven abo	ve				J	UN 03	1991	
is true and complete to the best of my i	mowledge at	na delief.			Date	Approve	d	· · · · · · · · · · · · · · · · · · ·		1001	
2. m. Milley	7						-	~.			
Signature					By Orig. Signed by Paul Kautz						
K. M. Miller Div. Opers. Engr. Printed Name Title					Title		,	Geologist			
May 2, 1991		915-									
Date		1 ele	ephone	140'	11						

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.