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

## State of New Mexico Minerals and Natural Resources Departm.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	Ţ	OTRA	NSP	ORT OIL	AND NA	TURAL GA	<del>15</del>	TRING.			
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 28911 UK					
Address				<u>-</u>							
P. O. Box 730 Hobbs, Nev Reason(s) for Filing (Check proper box)	v Mexico	88240	) <b>–25</b> 2	28	X Oth	er (Please expla	zin)				
New Well		Change in	Transp	orter of:		FECTIVE 6					
Recompletion	Oil		Dry G								
Change in Operator	Casinghead	=	Conde								
f change of operator give name		P. O.			lobbe No	w Mexico	99240_3	528			
and address of previous operator Texas	co Inc.		вох	730 H	obbs, ne	w Mexico_	88240-2	326			
II. DESCRIPTION OF WELL		SE Well No.	Bool N	Jama Includi	ng Formation		Kind	of Lease	L	ease No.	
					S SEVEN RIVERS			State, Federal or Fee FEDERAL		617640	
Location								_			
Unit Letter O	: 660 Feet From The SOUTH Line at					e and	O Feet From The EAST Line				
Section 28 Township	, 26	s	Range	37E	,N	MPM,	<del></del>	LEA	·	County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS					- A	
Name of Authorized Transporter of Oil Or Condensate Texas New Mexico Pipeline C					Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company					P. O. Box 1492 El Paso, Texas 79978  Is gas actually connected? When ?					<del></del>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 28	Twp.   26S	Rge.   37E	is gas actual	YES	j wne	= :	1/84		
If this production is commingled with that f	rom any other	r lease or	pool, gi	ive commingi	ing order num	ber:					
IV. COMPLETION DATA		Y =	<u> </u>		1	1 307 . 1	7 5	Des Desk	Same Res'v	Diff Reav	
Designate Type of Completion	- (X)	Oil Well	 	Gas Well	New Well	Workover	Deepen	Plug Back	STUDE YET A	l Keiv	
te Spudded Date Compl. Ready to Prod.					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>			Depth Casin	g Shoe		
	17	IDING	CASI	ING AND	CEMENTI	NG RECOR	D		<del></del>		
HOLE SIZE	UBING, CASING AND			DEPTH SET				SACKS CEMI	ENT		
HOLE SIZE	CASING & TODING SIZE										
	ļ				ļ			-	<u> </u>		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	2	l						
OIL WELL (Test must be after re	covery of tol	al volume	of load	oil and must	be equal to or	r exceed top allo	owable for ti	is depth or be	for full 24 hou	rs.)	
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			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL					1						
Actual Prod. Test - MCF/D	Length of T	esi		<del></del>	Bbis. Conde	nsate/MMCF		Gravity of C	Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
some transce (hand name he 4											
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			ICED\	/ATION	טואופוכ	\A1	
I hereby certify that the rules and regulations of the Oil Conservation					11 '	OIL CON	こりにはい	MIJON	אופוזוח	ИV	
Division have been complied with and that the information given above											
is true and complete to the best of my k					Date	e Approve	d		<u> </u>		
J.m.mille	,				H						
Signature  K. M. Miller  Div. Opers. Engr.					By_	• • • • •			<u>) (Salvite 98)</u> (Sa		
Printed Name		<u></u>	Title		Title						
May 7, 1991		915-0	phone								

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.