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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Well API No.	30 025 30483
or	TEXACO PRODUCING INC
Address	P.O. Box 728 HOBBS, NM 88240
(a) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)
Well	Change in Transporter of:
Completion	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Operator	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Name of operator give name	TEXACO TRANSPORT AND TRANSDISTRICT INC
Address of previous operator	P.O. Box 5518 TA, DENVER, COLORADO 80217

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STIMS TN		1	NORTH TEAGUE EULENBERGER	State, Federal or Fee	6313726
Unit Letter	N	330	Feet From The SOUTH Line and 2308	Feet From The WEST	Line
Section	4	Township	23S	Range	37E
		NMPM,		LEA	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	P.O. BOX 2528 HOBBS, NM 88240				
KAS- NEW MEXICO PIPELINE	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	P.O. BOX 3000 TULSA, OK 74102				
TEXACO PRODUCING INC	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
Unit produces oil or liquids,	N	4	23S	37E	YES	2-24-89
Location of tanks.						

production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.			
Conditions (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Shut-in of Test	Tubing Pressure	Casing Pressure	Choke Size
Initial Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

SHUT-IN WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Initial Prod. Test - MCF/D	Length of Test		
Shut-in Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature	AREA SUPERINTENDENT
Printed Name	Title
APR 6 1989	394-2585
Date	Telephone No.

OIL CONSERVATION DIVISION	
APR 12 1989	
Date Approved	
By	ORIGINAL SIGNED BY JERRY SEXTON
Title	DISTRICT I SUPERVISOR

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.

and VI for changes of operator, well name or number, transporter, or other such changes.