Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico argy, 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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	7	OTRAN	SPORT OIL	AND NA	T'JRAL GA					
perator W							API No.			
TEXACO EXPLORATION AND PRODUCTION INC						3	0-025-31538			
Address P. O. BOX 730, HOI	RRC M	M 002	40							
Reason(s) for Filing (Check proper box)	DDO, NI	M 882	40	X Oth	es (Please expla	in REO	IIFCT DI	PDMTCCT	CON TIO	
New Well		Change in Tra	insporter of:	SURFAC	E COMMI	NGLE	DBUDIICi	LUM EC	OR 60 DAYS	
Recompletion	Oil		y Gas						FACE COMMIN	
Change in Operator	Casinghead		ondensate						E ELLENBERG	
If change of operator give name				AT THE	EXISTI	NG LE	ASE BA	TERY.	J HHHEME	
and address of previous operator		 						· · · ·		
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name					1 -	of Lease		Lease No.		
R. R. SIMS		2 '	FEAGUE I	FUSSELMAN, NORTH State.			Federal or Fe	6313726		
Location Unit Letter N	6	60Fe	et From The	SOUTH Lin	e and16	50 F	eet From The	WEST	Line	
Section 4 Township	235	Ra	inge 37E	Ξ , N	МРМ,				County	
	co o o o o o o o o o o o o o o o o o o			D.1. G.6						
III. DESIGNATION OF TRAN		or Condensate			a address to wh	ich annemia	d come of this f	orm is to be a		
					Address (Give address to which approved copy of this form is to be sent)					
TEXAS-NEW MEXICO PIPELINE					P.O. BOX 2528 HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TEXACO PRODUCING INC.					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	P.O. BOX 3000, TULSA, OK 74102 Is gas actually connected? When?									
give location of tanks.	Unit	Sec. Tv 4 1	vp. Rge. 23 S 37E	YES	y commonder.	"""	2-24	I _ O O		
If this production is commingled with that i	 				 ber:			-0.9		
IV. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·	v. p v-	., g				•			
Designation of Completion	~	Oil Well	Gas Well	New Well	Workover	Deepen .	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			<u> </u>	Taral Proses	1	<u> </u>	<u> </u>	İ		
Date Spudded Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Gil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	1					-	Depth Casin	g Shoe		
		UPING C	A STATE A NITO	CEMENT	NC PECODI		<u> </u>	 		
HOLE SIZE	CEMENTING RECORD DEPTH SET			T	SACKS CEMENT					
HOLE SIZE	CASING & TUBING SIZE			DEFINSE			GAORO CEMENT			
	 						1			
					·					
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re	, , , , , , , , , , , , , , , , , , , 		oad oil red must	 				for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	l		Producing M	etrod (Flow, pu	mp, gas lýt, i	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Laving House										
Actual Prod. During Test	Ī			Water - Bbls.			Gas- MCF			
	207			l	-0-			61		
			M B.F.	HARRIS		NORTH_	TEAGUE	FUSSE	LMAN)	
Actual Prod. Test - MCF/D	Length of T	est		Bbis. Conden	sate/MMCF		Gravity of C	ondensate		
	Tubing Dane	sure (Shut-in)		Casing Press	on (Shut in)		Choke Size			
Testing Method (pitot, back pr.)	Tuoing Fres	enie (Situr-m)		Caring Fiesa	ne (Sier-iii)		Choice Size			
VI. OPERATOR CLASSIC	are Or	CONTLI	ANCE		\!!	055:	A.T.O.	D. // C. C		
I hereby certify that the rules and regula					DIL CON	SERV	AHONI	DIVISIC	N	
Division have been complied with and that the information given above							JUN 05 '92			
is true and complete to the best of my k	nowledge and	3 belief.		Date	Approved	t	<u>JUN</u>	V 9 34		
_ ////	. /								_	
Toda w Moch bushood					() <u>rig.</u> §	signed by	7.			
Signature TODD W. MOEHLENBROCK PRODUCTION ENG					Paul	Kautz	-			
Printed Name Title				Title	Liec	logist				
6/2/92		397-0		Hille						
Date		Telepho	ne No.							
The same of the sa				تكثلات يوسون		100			all agriculture care.	

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.