State of New Mexico

Submit 5 copies to Appropriate District Office

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

Er. __/, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLO	ORATION & PRODU	ICTION INC				We	ll API No. अ	0 025 32294		
Address		70110111110						0 020 02204		
	HOBBS, NM 88240									
New Well	Change in Tran	_	Other (Please explain)							
Recompletion [Oil		Dry Gas		Re	quest test allov	vable	T 10) , .	
Change in Operator	Casinghead Ga	as [Condensate	• 🗆	:32	317 bb	5. i	Jan 19	4	
If change of operator give name and a of previous operator	ddress									
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name		Well No.	Pool Name, Inclu	ding Formation		Kind o	Lease State, Fede	rai or Fee Lease	No.	
G.W. Sims		13	Blinebry, West			Fee				
Location Unit Letter _	·		t From The		and <u>1900</u>		From The <u>E</u>		ine	
Section 9	To	ownship 235	3	Range	37E	_ NMPM		Lea_ CO	UNTY	
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATUR	AL GAS							
Name of Authorized Transporter	of Oi	ı 🛛 (Condensate	Address (Give	address to wh	ich approved o	opy of this for	n is to be sent)		
Texaco Trading & Transport	ation	<u> </u>		PO Box 606	28, Midland,	TX 79711-06	28			
Name of Authorized Transporter	of Casinghe	ad Gas	Dry Gas	Address (Giv	e address to wh	nich approved o	copy of this for	m is to be sent)		
Texaco Exol	4 Frod	Inc			7, Eunice, N					
If Well Produces oil or liquids	nit Sec. Twp. Rge.			Is gas actually connected? When						
give locaton of tanks	В	9 23		Yes				1/4/94		
If this production is commingled	with that from any other	er lease or pool,	, give comminglin	ng order numbe	r:					
IV. COMPLETION DATA		J 0334/48	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)		Oil Well X		X Total Depth	VVOINGTGI	Боорон	P.B.T.D	Jame 1105 V	Dill Res v	
Date Spudded 11/21/93	Date Comp	I. Ready to Prod 1/5/94	a.	Total Depth	6100°					
Elevations (DF, RKB, RT, GR, et	c.) Name of Pr	roducing Forma	ıtion	Top Oil/Gas			Tubing Depti	h	····	
GR-3307', KB-3321'		Blinebry			5615'					
Perforations 5615' - 5840'								Depth Casing Shoe 6100'		
TUBING, CASING AND				CEMENTI				+		
HOLE SIZE	CASING and TUBING SIZE				DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8	5/8			1180			650, circ 71		
7 7/8	5 1/2	5 1/2			6100			1680, TOC 1200' TS		
V. TEST DATA AND REQU	EST FOR ALLOWA	RIF								
	t be after recovery of		of load oil and m	nuet he equal t	n or exceed to	nn allowahle f	or this denth	or be a full 24 i	nours.)	
OIL WELL (Test mus Date First New Oil Run To Tank			or load on and n		ethod (Flow, p			or be a rail 2-4 i	10010.)	
1/6/94	Date of Te	ડ ા		Floating W	etilod (i lovi, pi	unp, gas m, c	10.)			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas - MCF			
GAS WELL				L						
Actual Prod. Test - MCF/D	CF/D Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	d (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COMPLIAN	ICE								
I hereby certify that the rules and re Division have been complied with a is true and complete to the best of	egulations of the Oil Conse and that the information giv	ervation			OIL C	ONSER	VATION	DIVISION	1	
Moluson	J				. A mmma	••••	4 1994			
Signature \ Larry W. Johnson					Date Approved					
Printed Name					By ORIGINAL SIGNED SERRY SEXTON DISTRICT I SUPERVISOR					
1/24/94 Date		97-0426 elephone No.		Title						
Julic	13	cichilone 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 IV for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.