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

## State of New Mexico 🗠 \_rgy, Minerals and Natural Resources Departme...

Form C-104 Revised 1-1-89 See Instructions

## 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

| <b>[.</b>   |                             | OTRA                  | NSP       | ORT OIL  | AND NA                    | TUHAL GA   | <u>'S</u>                             | SI \$1:                          |                 |             |  |
|---|-----------------------------|-----------------------|-----------|--|---------------------------|--|---------------------------------------|----------------------------------|-----------------|-------------|--|
| Operator Texaco Exploration and Production Inc.   |                             |                       |           |  |                           | Well API No.<br>30 025 08189   |                                       |                                  |                 |             |  |
| Address   |                             |                       |           |  |                           |  |                                       |                                  |                 | <del></del> |  |
| P. O. Box 730 Hobbs, Nev<br>Reason(s) for Filing (Check proper box)   | w Mexico                    | 88240                 | 0-252     | 8  | X Oth                     | r (Please expla  | in)                                   |                                  |                 |             |  |
| New Well  |                             | Change in             | Transpo   | nter of:   |                           | FECTIVE 6-   |                                       |                                  |                 |             |  |
| Recompletion  | Oil                         |                       | Dry Ga    |  |                           |  |                                       |                                  |                 |             |  |
| Change in Operator  | Casinghead                  |                       | Condet    | _  |                           |  |                                       |                                  |                 |             |  |
| f change of operator give name  | co Inc.                     |                       | Box       |  | ohhs Nev                  | w Mexico   | R8240-25                              | 28                               |                 |             |  |
| and address of bienions oberator  |                             |                       | BUX A     | 730 11   | obbs, Ne                  | MEXICO   | 00240-20                              |                                  | ·····           | <del></del> |  |
| I. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Includi  |                             |                       |           |  | ne Formation              |  |                                       | Kind of Lease                    |                 | ease No.    |  |
|   |                             |                       |           | ICA DELA   |                           |  |                                       | State, Federal or Fee<br>FEDERAL |                 | 70          |  |
| Location  |                             |                       |           |  |                           |  |                                       | ·                                |                 |             |  |
| Unit Letter B   | :660                        | - <del></del> -       | Feet Fr   | om The NO  | RTH Lin                   | and1980  | Fe                                    | et From The                      | EAST            | Line        |  |
| Section 15 Township   | , 25                        | 5S                    | Range     | 32E  | , N                       | мрм,   | · · · · · · · · · · · · · · · · · · · | LEA                              |                 | County      |  |
| III. DESIGNATION OF TRAN  | SPORTE                      |                       |           | D NATU   | RAL GAS                   |  | 5-1                                   | anni af thia f                   | omeria ta ka a  |             |  |
| Name of Authorized Transporter of Oil or Condensate  Texas New Mexico Pipeline Co.  |                             |                       |           |  |                           | Address (Give address to which approved copy of this form is to be sent)  1670 Broadway Denver, Colorado 80202 |                                       |                                  |                 |             |  |
| Name of Authorized Transporter of Casing  | chead Gas                   | X                     | or Dry    | Gas  |                           | e address to wh  |                                       |                                  |                 |             |  |
| Phillips 66 Nat   |                             | Twp.                  | Rge.      | 990G Plaza Office Bldg. Ba is gas actually connected? When |                           |  |                                       |                                  |                 |             |  |
| If well produces oil or liquids, give location of tanks.  | Unit                        | Unit   Sec.<br>K   15 |           | 1 32E  | YES                       |  | i                                     |                                  |                 | 27/62       |  |
| If this production is commingled with that i  | from any oth                | er lease or           | pool, giv | ve commingl  | ing order num             | ber:   |                                       |                                  |                 |             |  |
| IV. COMPLETION DATA   |                             | ) ou 11/1             |           | Gas Well   | New Well                  | Workover   | Deepen                                | Dive Deck                        | Same Res'v      | Diff Res'v  |  |
| Designate Type of Completion  | - (X)                       | Oil Well              | \         | GAS WELL   | Uem Mett                  | WORKOVER   | <i>Ресре</i> в                        | Flug Back                        | Same Kes v      | l l         |  |
| Date Spudded  | Date Compi. 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  |                             |                       |           |  | l                         |  |                                       | Depth Casing Shoe                |                 |             |  |
|   |                             | TIDDIC                | CASI      | NC AND   | CEMENTI                   | NG PECOR   | <u> </u>                              | <u></u>                          |                 |             |  |
| HOLE SIZE CASING & TO   |                             |                       |           |  |                           | CEMENTING RECORD DEPTH SET   |                                       |                                  | SACKS CEMENT    |             |  |
| HOLE SIZE   | CASING & TODING SIZE        |                       |           |  |                           |  |                                       |                                  |                 |             |  |
|   |                             |                       |           |  |                           |  |                                       |                                  |                 |             |  |
|   |                             |                       |           |  |                           | <del> </del>   |                                       |                                  |                 |             |  |
| V. TEST DATA AND REQUES   | T FOR A                     | LLOW                  | ABLE      |  | <u> </u>                  |  |                                       | l                                |                 |             |  |
| OIL WELL (Test must be after r  | ecovery of to               | tai volume            | of load   | oil and must   | be equal to or            | exceed top allo  | wable for thi                         | depth or be                      | for full 24 hou | rs.)        |  |
| Date First New Oil Run To Tank  | Date of Te                  |                       |           |  | Producing M               | ethod (Flow, pu  | mp, gas lift, e                       | tc.)                             |                 |             |  |
| Length of Test  | Tubing Pre                  | Tubing Pressure       |           |  | Casing Pressure           |  |                                       | Choke Size                       | Choke Size      |             |  |
| Tendan or 1 cm  | Tuoing Fressure             |                       |           |  |                           |  |                                       | Gas- MCF                         |                 |             |  |
| Actual Prod. During Test  | Oil - Bbls.                 |                       |           |  | Water - Bbls.             |  |                                       | Gas- Micr                        |                 |             |  |
| GAS WELL  | _1                          |                       |           |  |                           |  |                                       |                                  |                 |             |  |
| Actual Prod. Test - MCF/D   | Length of Test              |                       |           |  | Bbls. Condensate/MMCF     |  |                                       | Gravity of Condensate            |                 |             |  |
| Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)   |                       |           |  | Casing Pressure (Shut-in) |  |                                       | Choke Size                       |                 |             |  |
| THE OPEN A MOD COORDINGS  | A 7775 - 077                | COL                   | DT TAR    | VCE  | <u> </u>                  |  |                                       | <u> </u>                         |                 |             |  |
| VI. OPERATOR CERTIFIC   |                             |                       |           | NCE  |                           | OIL CON  | ISERV.                                | ATION:                           | DIVISIO         | ĴΝ.         |  |
| I hereby certify that the rules and regul<br>Division have been complied with and<br>is true and complete to the best of my | that the info               | rmation giv           | ven abov  | e  |                           | OIL CON  |                                       | JU                               | NO31            | 991         |  |
| 7/200 200.00  | 1.                          |                       |           |  | Dall                      | e Approve  | <b></b>                               | Eddio 1                          | W Seav          |             |  |
| Signature Six Sparse Fact   |                             |                       |           |  | ByByOil & Gas Inspector   |  |                                       |                                  |                 |             |  |
| K. M. Miller Printed Name   |                             | Div. Op               | Title     | Engr.  | Title                     |  | J                                     | ES CAPE THE COS                  |                 |             |  |
| May 2, 1991   |                             |                       | 688-4     |  |                           | ·  |                                       |                                  |                 |             |  |
| Date  |                             | ાંલ                   | lephone l | W.   | 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.

RECEIVAD

MAY 2 3 1991

HOSSE CARCE