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

State of New Mexico Lucrgy, Minerals and Natural Resources Departme...

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

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator IJΚ 30 025 08203 Texaco Exploration and Production Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Recompletion Oil Change in Operator X Casinghead Gas Condensate If change of operator give name and address of previous operator

Texaco Inc. Hobbs, New Mexico 88240-2528 P. O. Box 730 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No. Lease Name 145870 **COTTON DRAW UNIT** PADUCA DELAWARE **FEDERAL** 660 660· Feet From The NORTH Line and _ Feet From The EAST Unit Letter _ Range 32E 21 **25S** Section Township . NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Co. 1670 Broadway Denver, Colorado 80202 Name of Authorized Transporter of Casinghead Gas
Phillips 66 Natural Gas Co. Address (Give address to which approved copy of this form is to be sent) or Dry Gas 990G Plaza Office Bldg. Bartlesville, Oklahoma 74004 Unit Sec. Twp. Rge. Is gas actually connected? When? If well produces oil or liquids, F 21 give location of tanks. 25S j 32E 03/27/62 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE V. 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Actual Prod. During Test Water - Bbls. Oil - Bbls. **GAS WELL** Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION JUN 0 3 1991 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. Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

K. M. Miller

May 2, 1991

Printed Na

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

Eddie W. Seay

Oil & Gas Inspector

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.

Karalia .

MAY 2 3 1991

MOBBE OFFICE