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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		IUINA	NOL		- AND IVA	I UNAL GA	40				
Operator								API No.	- 00-	127	
Texaco Exploration and Address	Produc	tion I	nc.	· · · · · · · · · · · · · · · · · ·				リー しス	5-082	(3/	
P.O. Box 730 Hobbs.	New Mex	ico 88	240-	2528							
Reason(s) for Filing (Check proper box)						X Other (Please explain)					
New Well	Change in Transporter of:					EFFECTIVE 6-1-91					
Recompletion <u></u>	Oil	ᆜ	Dry G	as 🖳							
Change in Operator	Casinghead	d Gas	Conde	nsate							
If change of operator give name and address of previous operator	aco J	mc.		P.0	Box 730	О Новь	s, New	Mexico 8	38240-25	28	
II. DESCRIPTION OF WELL	AND LEA										
Cotton Draw Unit 58 Paduca					_			of Lease Federal or Fe	of Lease No. Federal or Fee		
Location				*****	DOM	(1) C					
Unit Letter	-:1	980_	Feet Fr	rom The	forth Line	and <u>33</u> 0	<u>O</u> 1	eet From The	East	Line	
Section 29 Township	255	<u> </u>	Range	321	E , NA	мрм,	lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be s									orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.				Is gas actually	y connected?	Whe	?			
If this production is commingled with that i	mm any oth	er lease or n	ool eiv	ve comminal	ing order numb				 		
IV. COMPLETION DATA	IOIII any Gua	er rease or p	ou, gi	AC CONTRIBUTED	ing Order Hunti						
	~~~	Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u></u>	<u>_</u> Ļ_		Total Doub		l	Ц	<u> </u>	_L	
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations						Depth Casing Shoe					
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D	*			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEME	ENT	
								1			
							<del></del>	1			
					· · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							<u></u>	
OIL WELL (Test must be after re					he equal to or	exceed top allo	wahle for th	ie denth or he	for full 24 hour	-a 1	
Date First New Oil Run To Tank	Date of Tes	<del></del>	j ioda (	ou ana musi	<del> </del>	thod (Flow, pu	<del></del>	<del></del>	or jui 24 nou	3.)	
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
7000 1100 Daily 100	Oii - Duis.										
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	TAN	JCF	<u>                                     </u>						
				1CE	(	DIL CON	ISFRV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above						J.L 00.		, , , , , , , , , , , , , , , , , , , ,	5	•	
is true and complete to the best of my k			a above	•	Date	Approve	d	JUN	0 3 199	1	
M. CAmmer						• •				•	
Signature M.C. Duncan Engineer's Assistant					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title					Title.				•		
7-8-91		391	3071	91	1100	•	The second of the Control of the Control			<del></del>	
Date			hone N		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.