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

State of New Mexico ergy, Minerals and Natural Resources Departm

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

<u> </u>		IO IN	71401	ON OIL	או מווע	1011AL G					
Operator								Well API No.			
Texaco Exploration and Production Inc.								30 025 11137			
Address P. O. Box 730 Hobbs, Nev	u Masia-		^ ^=	20							
P. O. Box 730 Hobbs, Nev Reason(s) for Filing (Check proper box)	w mexico	88240	0-25	28	X Out	et (Please expli	zia)	 	 		
New Well	EFFECTIVE 6-1-91										
Recompletion	Oil	Change in									
Change in Operator	Casinghea	d Gas 🔲	Cond	ensale 🔲							
If change of operator give name and address of previous operator Texas	co Produ	icing Ind	с	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-	2528		
II. DESCRIPTION OF WELL AND LEASE					ing Formation Kind of Leas						
Lease Name COOPER JAL UNIT	Well No. Pool Name, Including 106 LANGLIE MAT			ING PORTUMBION TIX 7 RVRS Q GRAYBURG			State, Federal or Fee		Less No. 141560		
Location											
Unit LetterH	:1980)	_ Feet 1	From The NO	ORTH Lie	e and660	· F	eet From The	EAST	Line	
Section 18 Township	, 24	48	Range	37E	,N	мрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU			 				
Name of Authorized Transporter of Oil Or Condensate Or Con											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids,	Sec.	Sec. Twp. Rge.			 			When ?			
give location of tanks.	11	24	245		 	YES	l	· · · · · · · · · · · · · · · · · · ·	1949		
If this production is commingled with that f IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive comming	ling order num	ber:		··· · ····			
Designate Type of Completion ·	- M	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth		<u> </u>	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casir	g Shoe		
		TIDDIO.	C46	DIC AND	CEL CEL MY	NC BECOR		<u> </u>			
TUBING, CASING AN					CEMENTI	DEPTH SET	D	SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							·····				
L ADDOTED ATT AND DECAME	2.505	11011	. 50 T								
V. TEST DATA AND REQUES OIL WELL (Test must be after re					La souel to on	amasad tan alla	ahla fan ek	in dameh an ka	for 6.11 24 hour	1	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		oj ioaa	ou ana musi		ethod (Flow, pu			or juli 24 Note	3.)	
Length of Test	This Program				Casing Pressure			Choke Size			
Long at the Control of the Control o	Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					·						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Setting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				<u> </u>			1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					(DIL CON	SERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation					`				D141010	/ I T	
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						
Z.m. Willer					Date Approved						
Signature					By Dictato a Action						
K. M. Miller Div. Opers. Engr. Printed Name Title					Title		المسالمة المسالمة المسالمة		71		
April 25, 1991		915-6	phone								
					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.

RECEIVED

MAY 2 3 1991

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