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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-19
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

I. STATES Rd., Aziec, NM 87410						AUTHOR TURAL C					
Openior Texaco Exploration & Production Inc.						Well API No. 30 025 11140					
Address P.O. Box 730, Ho	bbs, Ne	w Mexi	Lco	88241-	0730				,		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Cazinghead		Transpo Dry Ga Conden	. 🛄	Cou	bet (Please exp	iain)				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE				•					
Lesse Name Cooper Jal Unit	Well No. Pool Name, Including 117 Jalmat Tans				· · · · · · · · · · · · · · · · · · ·			of Lease Federal or Fed	_	2310 No. 2612	
Unit Letter N	. 66	0	East Ea	om The	S Li	198	30 _		W		
1.0	2/.0			37E		,	F Lea	eet From The _		Line	
Section 18 Township	248	•	Range	3/E	<u></u>	імірм,	Lea		· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	-			D NATU							
Name of Authorized Transporter of Oil X or Condensate Shell Pipeline Corp					Address (Give address to which approved copy of this form is to be sent) 20 Box 2648, Houston, TX 77252						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Fexaco E & P Inc / Sid Richardson C & G Co.					Address (Give address to which approved copy of this form is to be sent. Box 1137 Funice NM / Box 1226 In NM						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 24 24S 36 E			Is gas actually connected? When Yes			1 7				
If this production is commingled with that t	from any other	r lease or p	ool, giv					1934		***	
IV. COMPLETION DATA		10000			····	·					
Designate Type of Completion		Oil Well X	i	Sas Well	Nov Well	X	Deepen	Plug Back X	Same Res'v	Diff Res'v	
Date Spudded 1948	Date Compl. Ready to Prod. 05-02-92			Total Depth 36491			P.B.T.D. 324	31			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3308 GL Jalmat					Top ()il/Gas	Top Oil/Gas Fiy 3053'			Tubing Depth 3025'		
Perforations 3058'-78' Kee						- · · · · · · · · · · · · · · · · · · ·		Depth Casin	Depth Casing Shoe 3649		
TUBING, CASING AND						ING RECO	RD	1 30	3047		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
12 3/4" 7 7/8		8 5/8			320			-	150		
1-118	5 1/2 2 7/8				3649 3025				500		
V. TEST DATA AND REQUES	TEODA	HOW	DIE						·····		
				oil and must	be emal to o	r exceed top a	llowable for th	is denth or he t	for full 24 kay	στ.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
05-02-92 Length of Test	Tubing Pressure					Pump		Chava Sina	Choke Size		
24 Hr	trough Liesante				Casing Pressure			Choir Size	Calous Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF			
17 Trace						17			545		
GAS WELL Actual Prod. Test - MCF/D Length of Test						nese/MMCF	······································	Gravity of C	ondensate	_	
Testing Method (pitot, back pr.)	ack pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Code Sin		
testing resident (past, each pr.)					Canal I reserve (Cara-III)			Choke Size	Carolin Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						01.00	NOTO	/ATIOL!	הוא מים:		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 1 7 '92						
Simon Simon					By_						
Signature L.W. Johnson Engr. Asst. Printed Name Title					DISTRICT I SUPERVISOR						
08-14-92 (505) 393-7191 Itle											
Date		Tele	d sacdo	¥O.	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.

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