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

## State of New Mexico rgy, 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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	. <u>.</u> T	O TRANS	SPORT	OIL	<u>. AND NA'</u>	TURAL GA	AS Wall	bi No				
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 11140						
Address	. Mayles	99940 6	500									
P. O. Box 730 Hobbs, Nev Resson(s) for Filing (Check proper box)	v mexico	88240-2	2526		X Oth	es (Please expli	zin)	<del></del>				
New Well Change in Transporter of: EFFECTIVE 10-01-91												
Recompletion	ion Dry Gas											
Change in Operator	Casinghead	Gas 🛛 Co	ndensate		<u></u>	, <del>.</del>						
If change of operator give name and address of previous operator	de Produc	cing inc	P.Q.	Bø	x 730	Hebbs, Ne	w Mexico	88240-	2528			
• •	ANDIEA	CE										
II. DESCRIPTION OF WELL	Well No. Pool Name, Including							Lease No.				
COOPER JAL UNIT	117 LANGLIE MATT				TIX 7 RVRS Q GRAYBURG FEDE			Federal or Fee NM0321613				
ocatioa												
Unit Letter N	Feet From The SOUTH					and	and 1980 Feet From The WEST Line					
Section 18 Township 24S Range 37E , NMPM, LEA County												
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NA	TU	RAL GAS							
Name of Authorized Transporter of Oil		or Condensate			Address (Giv	e address to wi						
Shell Pipeline Corporation						P. 0. Box 2648 Houston, Texas 77252						
Name of Authorized Transporter of Casinghead Cas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent)  Sid Richardson Carbon & Gasoline Co.							
If well produces oil or liquids,	Unit :				is gas actually connected?		When	When ?				
give location of tanks.	1			6E	<del></del>	YES			1954			
If this production is commingled with that f	rom any other	r lease or poo	l, give com	mingl	ing order num	ber:		······································				
IV. COMPLETION DATA		Oil Well	Gas We	.11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resv		
Designate Type of Completion	· (X)	l men	i ou w	F44	1 1104 1101	1	Dupus	i ring secur				
Date Spudded Date Compl. Ready to Prod.					Total Depth		<del> </del>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
Perforations					<u> </u>			Depth Casing Shoe				
TUBING, CASING AND												
HOLE SIZE CASING & TUBIN			NG SIZE		DEPTH SET			SACKS CEMENT				
					ļ	<del></del>	<del></del>					
					<del> </del>			<del> </del>		<del></del>		
							· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE		<del> </del>							
OIL WELL (Test must be after re			oad oil and	musi	be equal to or	exceed top alle	wable for this	depth or be	for full 24 hou	75.)		
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
OLO WIDLE	<u> </u>				<u> </u>		<del></del>	<u> </u>	<u>.</u>	<del></del>		
GAS WELL Actual Prod. Test - MCF/D	Length of To	eal			Bols. Conder	sate/MMCF		Gravity of C	Condensate			
CENTRE CAND AND - STANGER												
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPI I	ANCE		1				- 11 11 5 1 5			
I hereby certify that the rules and regulations of the Oil Conservation						DIL CON	ISERV	NOITA	DIVISIC	N		
Division have been complied with and that the information given above					MAY 0 4 '92							
is true and complete to the best of my k	nowledge and	I belief.			Date	<b>Approve</b>	d	1117	,			
-411					11	-			o proceeding 10			
Signature					By CROSCOCIONAL AND							
L.W. JOHNSON Engr. Asst.					11							
Printed Name 04-14-92		Tit (505) 39			Title							
Date		Telepho		_	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.