Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbe, NM 88240

State of New Mexico F. y, Minerals and Natural Resources Departmen

Form C-104
Review 1-1-89
See Instructions
at Boitom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OI	L AND NA	TURAL G					
Operator Texaco Exploration and Pro		Well API No. 30 025 11160									
Address							30	028 11160	 -		
P. O. Box 730 Hobbs, Ne	w Mexico	88240	-252	28							
Reason(s) for Filing (Check proper box) New Well		~				er (Please expl	•				
Recompletion	Change in Transporter of: EFFECTIVE 10-01-91 Oil Dry Gas										
Change in Operator	Casinghesi										
If change of operator give name and address of previous operator Texa	reo Produ	cing.inc	·.	P. O. Bo	× 730	Hobbs, Ne	w Mexico	88240-2	528		
											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including the Control of								Kind of Lease Lease No.			
COOPER JAL UNIT	221 JALMAT TANS					S SEVEN RI	VER FED				
Location	660					-					
Unit Latter N : 660 Feet From The SOUTH Line and 1916 Feet From The WEST Line											
Section 19 Township 24S Range 37E , NMPM, 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 vent)											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P. O. Box 2648 Houston, Texas 77252					
Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be vent) Sid Richardson Carbon & Gasoline Co.						
If well produces cit or liquids, give location of tanks.	Unit Sec. Twp.			Rge	e. is gas actually connected?			When ?			
If this production is commingled with that	 		245	1 36E	<u> </u>	YES	<u> </u>	1-55°	949		
IV. COMPLETION DATA	HOLL MAY OUR	a seese or b	, g,·	e community	and chock mon	oa	معیلتو ہے	/ -33			
Designate Type of Completion	- (%)	Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		Ready to	Prod		Total Depth	L	<u> </u>				
		Date Compl. Ready to Prod.						P.B T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	77	IRING (CASD	JG AND	CEMENT	NC PECODI	<u> </u>				
HOLE SIZE		BING, CASING AND (DEPTH SET	<u> </u>	SACKS CENIENT				
	 				<u> </u>						
	 										
V. TEST DATA AND REQUES					1						
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		f load o	il and must		exceed top allo			full 24 hosp	3.)	
Dem Lum Lan. Cal Will 10 1997	Date of lest				Producing Ma	stiot (r <i>iow, pu</i>	mp, gas iyi, e	ıc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
tual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas-MCF				
	J										
GAS WELL							<u> </u>				
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test					mic/MMCF		Gravity of Condensate			
string Mathod (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
tering transmit (beaut) ears by 3					Canag From	ic (silon-le)		CHORE SIZE		Ì	
VI. OPERATOR CERTIFICA	ATE OF (COMPL	IAN	CE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and the is true and complete to the best of my in			above		Data	A	ı		*2		
	-				Date	Approved	J				
Carl Jahreson					Ву						
L.W. JOHNSON Engr. Asst.					-,_	******	· 	· · · · · · · · · · · · · · · · · · ·			
Printed Name 0414-92		7 (505) 3	Title 93_7	191	Title.						
Date			none No								

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.