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

State of New Mexico £ gy, Minerals and Natural Resources Departm.

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								1	API No.			
Texaco Exploration and P	roduction l	nc.						30	025 11235			
Address P. O. Box 730 Hobbs, N	ew Mexico	89240	_2526	e e								
Reason(s) for Filing (Check proper box		00240	-2320		X Ouh	et (Please e	xplain)					
New Well		Change in	Тпамро	rter of:		FECTIVE	•	-91				
Recompletion [7]	Oil	_	Dry Ga	_								
Change in Operator	Casinghese	d Gas	Conden	sate								
f change of operator give name nd address of previous operator Tex	aco Inc.	P. 0.	Box 7	730 H	lobbs, Ne	w Mexico	o 88:	240–2	528			
II. DESCRIPTION OF WEL	L AND LEA							T				
Lease Name				-	ng Formation			State.	of Lease Federal or Fee	2035	esse No. 90	
G L ERWIN B FEDERAL NO	11 1	3	LANG	LIE MAI	TIX 7 RVR	S Q GRAY	BURG	LEEDE	ERAL	1 2000		
Unit LetterA	. 660		Feet Fre	om The NO	RTH Lin	e and6	60·	F	et From The EA	ST	Line	
Section 26 Towns	hip 24	ıs	Range	37E	, N	мрм,		 .	LEA		County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil Texas New Mexico Pipeline		R OF OI		D NATU	Address (Giv				copy of this form		•	
Name of Authorized Transporter of Cas El Paso Natura	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, give location of tanks.	all produces oil or liquids, Unit Sec. Twp. Re											
f this production is commingled with th V. COMPLETION DATA	at from any other	er lease or p	ool, giv	e comming!	ing order num	ber:						
Designate Type of Completion	n - (X)	Oil Well	10	ias Well	New Well	Workover	I	Эсереп	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		i. Ready to	Prod.		Total Depth	<u> </u>			P.B.T.D.		<u>.l.,</u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations					<u> </u>				Depth Casing S	hoe		
	<u> </u>					· · · · · · · · · · · · · · · · · · ·						
					CEMENTI				· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
									1			
											·	
									<u> </u>			
V. TEST DATA AND REQUI					<u> </u>							
OIL WELL (Test must be after			f load o	il and must						full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing Me	thod (Flow,	, ритф,	gas lift, i	etc.)			
Locate of Test					Casing Pressure				Choke Size	Choke Size		
Length of Test	th of Test Tubing Pressure				Casing Fleasure							
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF				
GAS WELL									<u> </u>			
ACTUAL Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
VL OPERATOR CERTIFI	CATE OF	COMPI	LIAN	CE					A TION -			
I hereby certify that the rules and reg					(OL CC	NS		ATION D		N	
Division have been complied with and that the information given above						JUN 0 3 1991						
is true and complete to the best of m	y knowledge an	a belief.			Date	Approv	ved .			1001	 	
7.m.mile	w					• •		ji newo				
Signature K. M. Millor		Div. Ope	re E	nar	By_		****		. 1965. Berlin Berlin	SEXTO	N	
K. M. Miller Printed Name			rs. E.	ngr.	T-11				* - 10-12 P.S	OR	• 4	
May 7, 1991		915–6		334	Title							
Date		Telep	hone No	0.	[]							

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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