Submit 5 Copie:
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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 Brazes Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DI), Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		J INA	NOF	ONI OIL	AND NA	UNAL UA	Well A	PI No			
Operator								3D-D25-11238			
Texaco Exploration and Address	Product	ion I	nc.			· <u> </u>		7-023	11 23	0	
P.O. Box 730 Hobbs, N	ew Mexi	co 88	240-	-2528	[7] O1	- (D1 1-	2-1				
Reason(s) for l'iling (Check proper box)			_	_		s (Please expla					
New Well	(Change in	-		EFI	FECTIVE 6	5-1-91				
Recompletion $igsqcup$	Oil		Dry G								
Change in Operator	Casinghead	Gas 📗	Conde	nsate							
f change of operator give name nd address of previous operator Texa	co Ty	ıC.		P.O.	Box 730) Hobbs	s, New M	lexico 8	8240-252	28	
II. DESCRIPTION OF WELL A	ND LEA	SE					T			No	
Lease Name C.C. Pristoe B Fea NCT-2 Pool Name, Including Jalmat U					State (E			Lease Lease No.			
Location Unit Letter	:\0	180	. Feet F	rom The _S	outh Lin	and19	80_ Fe	et From The	East	Line	
Section 26 Township	245		Range	37E	, NI	ирм, Lec	<u>a</u>			County	
III. DESIGNATION OF TRANS	SPORTER	OF O	IL A	ND NATUI	RAL GAS	·					
Name of Authorized Transporter of Oil		or Conden	sale		Address (Giv	e address to wh	uch approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?		When	When ?			
give location of tanks.		-1	<u> </u>	ive commings	ing order num	her	l				
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or	poor, g	the committee	ing order nam	<u> </u>					
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudder	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations							117	Depth Casin	Depth Casing Shoe		
			<u> </u>	1D/O 43/D	CIEN CENTRA	NC DECOR	ID.				
	TUBING, CASING AND								SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			 	SACIO GENERI		
								-			
								 			
					 						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E				in death on he	for full 24 hos	gr.)	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Tes		of loa	d oil and musi	Producing N	r exceed top all lethod (Flow, p	ump, gas lift,	etc.)	Jos Jan 24 ROL		
Length of Test	Tubing Pressure				Casing Press	aure sau		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Weinst Lior During Lear	J. 1 - 1018.				<u> </u>						
GAS WELL					IBO C	4.5.65		Commission	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLI/	ANCE		OIL CO	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation 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						
SAID						0.51.0111		D)/ 10000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Signature M.C. Duncan Engineer's Assistant						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
M.C. Duncan Printed Name	nug.		Title	e		e					
7-8-91 Date		Te	1930 elephon	7191 Le 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.

MAY 2 3 1991 HOBES