Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico 								Form C-104 Revised I-1-89 See Instructions		
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II				P.O. E	<b>Sox 2088</b>	DIVISIO	<b>DN</b>		at Boti	om of Page	
P.O. Drawer DD, Astacia, NM \$8210		Sa	nta Fe	e, New M	fexico 875	04-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410 L.			-			AUTHORI TURAL G	AS				
Operator Texaco Exploration and Pro	Well API No. 30 025 11289				9						
Address											
P. O. Box 730 Hobbs, Ner Resson(s) for Filing (Check proper box)	w Mexic	5 88240	)-252	28	X ou	net (Please expl	ain)				
New Well	Change in Transporter of: EFFECTIVE 10-01-91										
Recompletion	Oil Dry Gas Casinghead Gas X Condeasate										
If change of operator give name address of previous operator Texa	de Prod	icing inc	~	P. O. B	5x 730	Hebbs, Ne	w Mexi	co 88240-	528		
IL DESCRIPTION OF WELL	AND LE	ASE				~					
Lesse Name COOPER JAL UNIT	Well No. Pool Name, Includ 232 JALMAT TAN				Siste,			nd of Lease ate, Federal or Fe	ederal or Fee   1 C032592B		
Location		232			···-			DERAL			
Unit LetterF	1980	)	Fect F	rom The N	ORTH Li	e and191	7	Feet From The	WEST	Line	
Section 30 Townshi	p 2	45	Range	37E	, N	MPM,		LEA	<u></u>	County	
III. DESIGNATION OF TEAN	SPORTE	R OF OI	IL AN	D NATT	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent) Sholl Dispeting Corporation P. O. Box 2548 Houston Toxon 77252											
Shell Pipeline Corporation           Name of Authorized Transporter of Casinghead Gas         X         or Dry Gas					P. O. Box 2648 Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent)						
Texaco Exploration	Texaco Exploration and Production Inc.					Sid Richa	rdson (	Carbon & Ga	bon & Gasoline Co.		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 24S	Rge 36E	is gas actually connected? When YES				? UNKNOWN		
If this production is commingled with that	from any oth	er lease or j	pool, gi	ve comming	ling order num	ber:		·····			
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deeper	n Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		j I Partuta	j		Total Depth	İ	İ		İ	.i	
Dele Spudded	Date Compl. Ready to Prod.							P.B.T.D.	<b>F.D. 1</b> . <b>U</b> .		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					I			Depth Casin	Depth Casing Shoe		
		TIRING	CASI	NG AND	CEMENTI	NG RECOR	D	l			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
					ļ				····*		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		l	<u></u>					
OIL WELL (Test must be after n	ecovery of 10	tal volume c							or full 24 hou	rs.)	
Date First New Oil Run To Taak	Date of Te	<b>K</b>			Producing M	sthod (Flow, pu	mp, zas lý	1, <b>5</b> 16.J			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gaa- MCF			
					<u> </u>						
GAS WELL Actual Prod. Test - MCF/D	1) anoth all	Cant		<u></u>	Bble Conden	Inte AMA F		Gravity of C	ondensate		
	Length of Test				Bbis. Condensate/MMCF				-		
Testing Mathod (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIAN	ICE						J	
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 Approved MAY 0 4 '92						
andahusa											
Signature		Ener		•	By_	ORIGINAL	skana-	y Na ana ang ang ang ang ang ang ang ang an			
L.W. JOHNSON Engr. Asst. Printed Name Title								COPECULOR			
04-14-92 Date		(505) 3 Telep	93-7 bloge N			<u></u>					
								<u>.</u>			

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.