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

### State of New Mexico energy, 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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS											
Operator Texaco Exploration and Production Inc.							1	Well API No. 30 025 11356			
Address P. O. Box 730 Hobbs, New Mexico 88240-2528											
Reason(s) for Filing (Check proper box)  X  Other (Please explain)											
New Well Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion Oil Dry Gas											
Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Well No. Pool Name, Including								Kind of Lease Lea		ase No.	
G L ERWIN A FEDERAL	1 JUSTIS TUBB I							Federal or Fee 203570		0	
Location											
Unit Letter N	:330	: 330 Feet From The SOUTH Line and 2						Feet From The WEST Line			
Section 35 Township 24S Range 37E , NMPM, LEA County									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Or Condensate Or Condensate Or Address (Give address to which approved copy of this form is to be sent)  Texas New Mexico Pipeline Co.  Address (Give address to which approved copy of this form is to be sent)											
	<del></del>	adway Denver, Colorado 80202									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					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, Unit Sec. Twp. Rge.					is gas actual	ly connected?	When	7			
give location of tanks.	MI	35	245	37E	<u> </u>	YES		UNKN	OWN		
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	ool, give	comming	ing order num	ober:					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.			Total Depth	<u> </u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
			=	= :-=							
	TUBING, CASING AND				CEMENTI		)	<del>,</del>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							<del> </del>				
		V 2000	515						······································		
V. TEST DATA AND REQUES OIL WELL Test must be after re				l and must	he equal to a	r exceed ton allow	unhle for this	denth or he for f	ull 24 hour	• <b>)</b>	
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
					Casing Pressure Choke Size						
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	·										
Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
M ODED ATOD CEDAMETC	ATTE OF A	7()) (D)	TA 274	CE	<u></u>	<del></del>	<del></del>	<u></u>	·		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
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.					JUN 0 3 1991						
	•				Date	Approved			.501	<del></del>	
K.M. Miller					D						
Signature					By <u>Original professions at apprentation</u>						
K. M. Miller Div. Opers. Engr. Printed Name Title					Title						
May 7, 1991 915–688–4834								<del></del>	~		

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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Appropriate District Office
DISTRICT 1
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Form C-104 Revised 1.1.89 e Instructi at Bottom of Page

# OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III REQUEST FOR ALLOWABLE AND AUTHORIZATION 1000 Rio Brazos Rd., Aztec, NM 87410 Ŧ TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Texaco Exploration and Production Inc. 30 025 11356 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: EFFECTIVE 6-1-91 Dry Gas Recompletion Oil Change in Operator If change of operator give name and address of previous operator Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease Name Well No. Pool Name, Including Formation Lease No. G L ERWIN A FEDERAL 203570 JUSTIS BLINEBRY FEDERAL Location 330 Feet From The SOUTH Line and 2310 Feet From The WEST Unit Letter \_\_\_ Line 35 245 Range 37E Township Section , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Texas New Mexico Pipeline Co. 1670 Broadway Denver, Colorado 80202 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. O. Box 1492 El Paso, Texas 79978 If well produces oil or liquids, Unit Soc. Rge. Is gas actually connected? Twp. When? 24S | 37E M 35 YES UNKNOWN If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure **Tubing Pressure** Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbis, Condensate/MMCF Length of Test Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature

K. M. Miller Div. Opers. Engr. **Printed Name** Title May 7, 1991 915-688-4834 Telephone 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

OIL CONSERVATION DIVISION

ORIGINAL SIGNAD OF FEED SENTON

DISTRICT I SUPERVISOR

Date Approved \_

Title\_

JUN 0 3 1991

- 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.
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