Submit 5 Copies
Appropriate District Office

P.O. Box 1974, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-39
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 874	10 REC	QUEST F	OR A	ALLON PORT	NA O	BLE AND	AUTHOR	IZATIO	N					
TO TRANSPORT OIL AND NATURAL GAS Texaco Exploration and Production In									Well API No.					
Texaco Exploration and Production Inc.							30			82				
	New Mexic	CO 8824	0 25	20							<u></u>			
Reason(s) for Filing (Check proper bo	z)	00 0024	0-25	28		X O	her (Please exp	lain)						
New Well	Change in Transporter or:							EFFECTIVE 6-1-91						
Recompletion	O/I		Dry C											
If change of operator give same		ead Gas	Conde		<u></u>									
and address of previous operator 18	xaco Proc		c.	P. 0.	Вс	x 730	Hobbs, Ne	w Mexic	o 88240-	-2528				
II. DESCRIPTION OF WEL	L AND LI	EASE									,			
Lease Name Well No. Pool Name, Inci SOUTH LANGLIE JAL UNIT 1 JAI MAT TA						•			d of Lease le, Federal or F		Lesse No.			
Location		1 1	JAL	MAT T	AN	SILL YATE	S SEVEN R	IVER FE		408	175			
Unit Letter G	. 10	1(1)	Es ed E	·	n.	orth.	ne and186	2.5	_	<u> </u>	≟			
1	·				<u> </u>	27	e and	3//	Feet From The	205	Line			
Section 7 Township 25S Range 37E , NMPM,								LEA County						
III. DESIGNATION OF TRA	NSPORTI	FP OF O	TT AN	JED BJA'	TT I	DAI CAC								
LANDE OF VARIOUSED LUMBSPOOLES OF OIL		or Conder	in Air	C NA	IU	Address (Giv	e address to w	hich approv	ed copy of this	form is to be a	tent)			
INJECTOR									··· • • • • • • • • • • • • • • • • • •	, <u></u>				
Name of Authorized Transporter of Casinghead Gas Or Dry Gas INJECTOR						Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	R	ge.	is gas actuall	y connected?	Who	n ?					
If this production is commingled with the	at from any of	her lease or	pool, giv	ve comm	inel	ing order numi	ber:							
IV. COMPLETION DATA														
Designate Type of Completion		Oil Well	i_	Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth			P.B.T.D.	<u> </u>	-1			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas I	Pay		Tubing Dep	Tubing Depth				
Perforations									Depth Casin	o Chas				
									Depth Case	ig Shoe				
		UBING,	CASIN	NG AN	D (CEMENTIN	NG RECOR	<u> </u>		-				
HOLE SIZE CASING & TUBING SI				SIZE	4		DEPTH SET		SACKS CEMENT					
	+				\dashv				 					
	-				+	 								
I moom plant the same														
V. TEST DATA AND REQUE OIL WELL (Test must be after						_								
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes	eou volume o	ioaa o	u and mi	151 b	e equal to or a	ixceed top allow thod (Flow, pure	wable for th	is depth or be f	or full 24 how	·s.)			
		-			[· · · · · · · · · · · · · · · · · · ·	and (1 tow, par	ψ, gas tgt,	uc.j					
length of Test	Tubing Pressure				7	Casing Pressur	e		Choke Size	Choke Size				
Actual Prod. During Test	Oil - Bbls.					50.5			0.1/0	C. VCC				
	Oil - Bois.				- [Water - Bbis.			Gas- MCF					
GAS WELL									<u> </u>		لـــــــــــــــــــــــــــــــــــــ			
Actual Prod. Test - MCF/D	Length of T	est			71	Bbls. Condens	ue/MMCF		Gravity of Co	anden este				
									Olevily of Ca	On the Continue				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				7	Casing Pressure (Shut-in)			Choke Size	Choke Size				
L OPERATOR CERTIFIC	ATE OF	COLOR	TARK		\dashv_{r}				<u> </u>					
I hereby certify that the rules and regul				CE		0	IL CONS	SERV	ATION F	OIVISIO	N			
Division have been complied with and	that the inform	natios gives	above								14			
is true and complete to the best of my l	mowledge and	1 belief.				Date /	Approved			7 F 1				
I.M. Miller						_ == /								
Signature						By								
K. M. Miller Printed Name		Div. Oper	s. En	gr.		-								
May 7, 1991		915-68		34		Title_				-				
Date			one No.		\parallel									

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.