Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 19°0, Hobbs, NM 88240

State of New Mexico 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 Brazos Rd., Aziec, NM \$7410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openior							Well A	Well API No.			
Texaco Exploration and Production Inc.						30 025 11488 ÜK					
Address											
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	w Mexico	88240) <u>–25</u>	28	X Ouh	r (Please expla	iin)				
New Well		Change in	Trans	porter of:	_	FECTIVE 6	· =				
Recompletion	Oil		Dry (
Change in Operator	Casinghea	d Gas 🗌	Cond	ensate							
f change of operator give name address of previous operator Texa	co Prodi	ucing Ind	<u>. </u>	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	528		
I. DESCRIPTION OF WELL AND LEASE					. 5		Kind o	Kind of Lease		ase No.	
case Name Well No. Pool Name, Include SOUTH LANGLIE JAL UNIT 4 JALMAT TAN						SEVEN RI	State,	State, Federal or Fee		75	
Location Unit Letter	. 1650	0	Feet	From The SC	UTH Lin	e and960) . Fo	et From The E	AST	Line	
									LEA County		
Section 7 Townshi	ν	58		37E		мрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Oil or Condensate											
Name of Authorized Transporter of Casin INJEC		or D	ry Gas				roved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. Rge.	Is gas actually connected? Who			. ?			
If this production is commingled with that	from any ot	her lease or	pool,	give comming	ing order num	ber:		<u></u>			
IV. COMPLETION DATA	<u>~~</u>	Oil Well	ij	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
I GIGGIGG											
	•	TUBING	, CAS	SING AND	CEMENTI	NG RECOR	Œ	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 						 	 			
											
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E	.L						
OIL WELL (Test must be after	recovery of t	otal volume	of loa	d oil and mus	be equal to o	exceed top all	owable for thi	is depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To				Producing M	ethod (Flow, p.	ump, gas lift, i	elc.)			
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					1			- 			
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			
	1		Dt T 4	NCE	-			1			
VI. OPERATOR CERTIFIC					-	OIL CO	USERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	that the infe	ormation giv	ven ab	ove		Approve		HIN of	idai		
/					Date	Approve	e d	g 148 5 " "			
Signature K. M. Miller Div. Opers. Engr.					By						
K. M. Miller Printed Name			Title		Title						
May 7, 1991			ephon		H						

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.