Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Bost 1980, Hobbs, NM 88240

State of New Mexico Ly, Minerals and Natural Resources Departme.

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berzos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	7	OTR	ANSP	ORT OIL	_ AND NA	TUHAL G	AS				
Openior Texaco Exploration and Production Inc.								Well API No. 30 025 11503			
Address											
	Mexico	8824	0-252	:8	X or	es (Plana aval	ain)				
I was a second of the second o											
Recompletion	Oil		•	_							
Change in Operator	Casingheed	Ges A	Conde			 					
If change of operator give same and address of previous operator Texace Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528											
IL DESCRIPTION OF WELL AND LEASE [Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
1						SILL YATES SEVEN RIVER			•	MARIE NO.	
Location Unit Letter N : 990 Feet Prom The SOUTH Line and 2310 Feet Prom The WEST Line											
. Vak Limit											
Section 8 Township 25S Range 37E , NMPM, LEA County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil											
Shell Pipeline Corporation P. O. Box 2648 Houston, Texas 77252										2	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.						Address (Give address to which approved copy of this form is to be sent) 201 Main St. Ft. Worth, Texas 76102					
If well produces oil or liquids,	Rge.										
give location of tanks.	1 1	7	255	37E		YES		<u></u>	1949		
If this production is commingled with that i	rom my othe	r lease or	pool, giv	ve comming	ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	• •	ete 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 Depth			
Perforations								Depth Casing Shoe			
			<u> </u>	10 110	CTC) (TC) ITC	NO DECOR	<u> </u>	J	· · · · · · · · · · · · · · · · · · ·		
TUBING, CASING AND								DADIO OFMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								 			
	- FAN 11	L COVE	. D. T.		<u> </u>			<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE							-1	
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)										3.)	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbls			Gas- MCF			
Actual Prod. During Test	Water - Bus										
GAS WELL									•		
Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitet, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
								<u> </u>]	
VL OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE					N. // C / C		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					APR 30'92						
is true and complete to the best of my knowledge and belief.					Date Approved						
						Thhinke	-				
JW Johnson					_						
Signature L.W. JOHNSON Engr. Asst.					By						
Printed Name Tale 04-14-92 (505) 393-7191					Title	•		· · · · · · · · · · · · · · · · · · ·	` 		
Date			phone N		11						

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, 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.