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

State of New Mexico Minerals and Natural Resources Department Eng

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

	TOTRA	NSPORT OIL	AND NAT	TURAL GA	S			
Operator Texaco Exploration and P			PI No. 125 11504	/ !				
Address								
	lew Mexico 88240	-2528	<b>1</b> 6.	(D)	·			
Reason(s) for Filing (Check proper box		m		r (Please expla FECTIVE 6-				
New Well		Transporter of:	EF	PECTIVE 0-	- 1-3 1			
Recompletion U	Oil	Dry Gas						
Change in Operator	Casinghead Gas	Condensate						
change of operator give name  d address of previous operator  Tex	caco Producing Inc	P. O. Box	<u> 730 </u>	Hobbs, Nev	w Mexico	88240-2	528	<del></del>
•	IANDIFACE							
I. DESCRIPTION OF WELL Lease Name	Well No.	Pool Name, Includir	ng Formation			Lesse	L	ese No.
Name I amount			SILL YATES SEVEN RIVER FEE			Federal or Fee 408175		
Location	1 <del></del> 1							
M	990	Feet From The SO	UTH Lie	990	Fe	et From The V	VEST	Line
Section 8 Town	ship 25S	Range 37E	, NI	MPM,		LEA	<del></del>	County
	NODODENIA OF O	rr A NITS NI A TTI	DAT CAS					
III. DESIGNATION OF TRA	ne Conder	IL AND NATU	Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be se	nt)
Name of Authorized Transporter of Oil Shell Pipeline Corporation	1 <b>1 Y</b> 1			P. O. Box				
Name of Authorized Transporter of Ca		or Dry Gas	1	e address to wh				
El Paso Natur	al Gas Company			P. O. Box				
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	, •	y connected?	When			
give location of tanks.	J 7	25S   37E		YES		UNI	KNOWN	
f this production is commingled with the	nat from any other lease or	pool, give comming	ing order num	ber:		<del></del>		
V. COMPLETION DATA			<u></u>		·		<del></del>	5.00
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion			Total Depth	<u> </u>	<u> </u>	P.B.T.D.		1
Date Spudded	Date Compl. Ready to	Prod.	Total Depui			P.B. 1.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
			<u> </u>		<del></del>	Depth Casing	Shoe	
Perforations							,	
	TIRING	CASING AND	CEMENTI	NG RECOR	D D			
HOLE SIZE	CASING & T			DEPTH SET		S	ACKS CEM	ENT
HOLE SIZE	OAGITO C.							
			· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE						
OIL WELL (Test must be aft	er recovery of total volume	of load oil and must	be equal to o	exceed top all	owable for thi	s depth or be j	or full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	ump, gas lift, i	elc.)		
			Cosino Pare	1170		Choke Size		
Length of Test	ength of Test Tubing Pressure		Casing Pressure			Close Size		
	On PM		Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.							
<u></u>							· ·	
GAS WELL			15G- 72-	nesta A A A A C E		Gravity of C	ondensate	
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbis. Condensate/MMCF		,		
Million & Million (1962) King Carl	Tubing Pressure (Shu	t-in)	Casing Press	aure (Shut-in)		Choke Size		
Testing Method (pilot, back pr.)	I would t tessure / pare			•				
THE COURT AMOUNT OF THE	TO ATE OF COM	OI TANCE	1					
VI. OPERATOR CERTIF				OIL CO	<b>USERV</b>	ATION	DIVISIO	NC
I hereby certify that the rules and rules of Division have been complied with	eguiations of the Oil Conse	reauou /ea above						
is true and complete to the best of	my knowledge and belief.	· == == • • •	Date	e Approve	ed		<u> </u>	
0/ 1	1		Dali	o ruprio ve	· <b>-</b>			
J.M. Will	·		D.				* . *	
Signature	Dis. A	ore Engr	By_					
K. M. Miller	Liv. O	Ders. Engr.	Tial -					
Printed Name	Q15_	.688_4834	Intle	)				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.