abmit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Lobbs, NM 88240

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

State of New Mexico En. 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., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRA	NSF	PORTOIL	. AND NA	IUHAL GA					
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 11619 OK				
Address P. O. Box 730 Hobbs, Nev	v Mexico	88240	0-25	28							
Reason(s) for Filing (Check proper box)	· MCXICO	OOLT			X Oth	t (Please expla	iin)				
		Chance in	Tenne	norter of:		FECTIVE 6	-			l	
with the second											
Recompletion [7]	Oil	님	•								
Change in Operator	Casinghea	Gas	Cond	ensale							
If change of operator give name and address of previous operator Texas	co Produ	cing Inc	<u>. </u>	P. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-2	528		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Include								of Lease Federal or Fee			
Location	. 990					990			EAST	<u>.</u> .	
Unit Letter	. :			From The NO							
Section 18 Township		58		e 37E		ирм,		LEA	-	County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) INJECTOR										ni)	
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.	Rge.	Is gas actually connected? When ?						
If this production is commingled with that f	rom any oth	er lesse or	pool, s	rive commine	ing order numi	xer:					
IV. COMPLETION DATA	•			_	_						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded						Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>	- 		Depth Casing Shoe			
	T	UBING.	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	SING & TI			DEPTH SET			SACKS CEMENT				
TIOCE GIZE	0710/110 0710										
	 										
					 			 			
								 			
					<u> </u>			J			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	E							
OIL WELL (Test must be after re	ecovery of to	tal volume	of load	d oil and must	be equal to or	exceed top allo	owable for thi	s depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	J			· · · · · · · · · · · · · · · · · · ·	L			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			
	4 000 00		\T T .	\1000	1			1			
VI. OPERATOR CERTIFICA				NCE	11 1	DIL CON	ICEDI	ΔΤΙΩΝΙ Ι	טו/וופוע)NI	
I hereby certify that the rules and regular Division have been complied with and t	that the infor	mation giv		ve					- م	//N	
is true and complete to the best of my k	_	a venei.			Date	Approve	d	JUND	<u>7 1774</u>		
2.M. Willer					By_	ORIGINIA	LSICAMO	erson exercises a	C 51 54 200		
Signature K. M. Miller Div. Opers. Engr.					By ORIGINAL SIGNATURE STREET SEXTON DISTRICT & SUPERVISION						
Printed Name Title					Title	•	einie (u ten VISQV	न •	<u>-</u>	
May 7, 1991 Date			phone		H						
					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, 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.