Submit 5 Cories
Appropriate District Office
DIST-CICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Ł gy, Minerals and Natural Resources Departme

Form C-104
Revised 1-1-89
See Instructions
at Rettorn of Part

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Astesia, NM \$8210 DISTRICT III 1000 Rio Benzos Rd., Aztec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		IO IN	1101C	JA I UIL	ANU MA	I UHAL G	~~~	A DA NIL				
Operator Texaco Exploration and Production Inc.								Well API No. 30 025 11640				
Address P. O. Box 730 Hobbs, Nev	u Mavios	2224	0_252	R								
Reason(s) for Filing (Check proper box)	MOARCO	0027	<u> </u>		X Out	et (Pieese expl	ain)					
New Well		Change is	Tareno	ster of:		FECTIVE 1	*					
	Oil											
Recompletion U	Casinghee	_	. •		1							
If chance of operator give name	co Produ				x 730	Hobbs, Ne	w Mexico	88240-	2528			
and address of previous operator 18x8							· · · · · · · · · · · · · · · · · · ·		,	•		
Lease Name		Well No.			State,			of Lease , Federal or Fe	f Lesse Lesse No. Federal or Fee			
SOUTH LANGLIE JAL UNIT		19	· · · · · · · · · · · · · · · · · · ·			SEVEN N				· · · · · · · · · · · · · · · · · · ·		
Unit Letter F	1980)	_ Feet Pr	om The NO	RTH Lin	198	<u> </u>	eet Prom The	WEST	Line		
Section 17 Township 25S Range 37E						, NMPM, LEA County						
III. DESIGNATION OF TRAN		R OF O		D NATU	RAL GAS	e address to w	hich anorous	d come of this	orm is to be se	at)		
Shell Pipeline Corporation						Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.					Address (Give address to which approved cop 201 Main St. Ft. Wort				• • •			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	• • •		is gas actually connected? YES		Whe	1 7	1949			
If this production is commingled with that		<u>`</u>	<u> </u>	37E								
IV. COMPLETION DATA	INCHE MAY COM						Y	Υ = = :	16	5 :05 (
Designate Type of Completion		Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Dep	Tubing Depth			
Perforations					<u> </u>			Depth Casis	Depth Casing Shoe			
					CE) (C) WE	IO DECON	~	_l				
TUBING, CASING AND												
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								_				
						 						
												
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		L					 =		
OIL WELL (Test must be after re	ecovery of la	tal valume	of load	il and must	be equal to or	exceed top all	owable for ti	is depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes		-		Producing M	sthod (Flow, p	ump, gas lift,	elc.)				
Length of Test	Tubing Pressure				Casing Press	ite .		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.		···	Gas- MCF	Gas- MCF			
O A O TYPE I								_L				
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbls. Condes	sate/MMCF		Gravity of	Gravity of Condensate			
WORN LION 168 . MCL/D												
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COM	OT TAN	CE	1							
				ICE	(DIL CON	NSERV	'ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation												
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					APK 3 0 '92							
To the two combines to see see or my i	TOWNSON SE	word.			Date	Approve	M		-	· · · · · · · · · · · · · · · · · · ·		
					11							
_ Wholeson					By_		L SYGALLS	YAREL YA	EXION			
Signature L.W. JOHNSON Engr. Asst.					By							
Printed Name			Title 393-7		Title							
04-14-92 Date			ophone N									

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.