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

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

## State of New Mexico Ene 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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		OTHA	INSP	OHI OIL	ANU NA	TUHAL GA			<del></del>		
Operator								Well API No. 30 025 11641			
Texaco Exploration and Production Inc.							1 30	V25 1104			
Address P. O. Box 730 Hobbs, Nev	v Mexico	88240	0-252	8							
Reason(s) for Filing (Check proper box)					X Oth	es (Please expla	zin)		* .		
New Well		Change in			EF	FECTIVE 6	-1-91				
Recompletion  Change in Operator	Oil	님	Dry G								
If above of exemptor give name	Casinghead		Conde								
and address of previous operator 16Add	co Produ		<u>c.</u>	P. O. Box	x 730	Hobbs, Ne	w Mexic	o 88240-2	2528		
II. DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Na				Name, Including Formation				Kind of Lease		Lease No.	
SOUTH LANGLIE JAL UNIT	27		1	•	•	S SEVEN RI	VER FFF	State, Federal or Fee		408175	
Location	<u>1</u>		-								
Unit LetterN				Feet From The SOUTH Line and 2310				Feet From The WEST Line			
Section 17 Township	, 25	5 <b>S</b>	Range	37E	, NI	МРМ,		LEA	<u> </u>	County	
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS		<del> </del>	·	<del> </del>	<del> </del>	
Name of Authorized Transporter of Oil or Condensate 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					Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company									Paso, Texas 79978		
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		is gas actually connected?			When ?			
rive location of tanks.	1 1	<u> 7</u>	255			YES	L		1952		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve comming!	tud outer mun	ber:		·····		· · · · · · · · ·	
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	<u>i_</u>		<u> </u>	1	<u> </u>	<u>i                                     </u>	1	1	
Date Spudded	Date Comp	Date 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			
1 414 more								•	•		
	T	UBING,	, CASI	NG AND	CEMENTI	NG RECOR	D CD				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							<del> </del>				
	<u> </u>	<del></del>								<del></del>	
	<del> </del>					···					
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		L						
OIL WELL (Test must be after r	ecovery of 10	tal volume	of load	oil and must					for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Ter					lethod (Flow, pi					
1 of Text	This Program				Casing Pressure			Choke Size			
Length of Test	Tubing Pressure			Company 1 1 constant							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
_					<u> </u>						
GAS WELL			-								
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nsate/MMCF		Gravity of	Condensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)											
VI. OPERATOR CERTIFIC	ATE OF	COM	PL.TA1	NCE		<u> </u>		//	D. // C: -		
I hereby certify that the rules and regul					1	OIL CON	<b>USER</b>	VATION			
Division have been complied with and	that the infor	rmation giv	ved abov	ve .	]			ลาเลเกี	3 1991		
is true and complete to the best of my	knowledge ä	nd belief.			Date	e Approve	ed	JUN	, 0 100		
Im molling	,										
Signature				<del></del>	∥ By_	OFIG	KL SIGNAL		NOT KEE		
K. M. Miller		Div. Or	Title	Engr.			HETA!!		: i i		
Printed Name May 7, 1991		915-	-688–4	4834	Title			<del></del>			
Date		Tel	ephone	No.	П						

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.