lox 1930, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Benzos Rd., Aziec, NM 87410			BLE AND AUTHORIZ				
I. TO TRANSPORT OIL AND NATURAL GAS Openior Texaco Exploration and Production Inc.					Well API No.		
					30 025 11656		
Addres P. O. Box 730 Hobbs, Nev	w Mexico 8824	0-2528					
lesson(s) for Filing (Check proper box)			X Other (Please expla	ria)			
New Well	EFFECTIVE 11-01-91						
Recompletion	oa 📮	Dry Gas					
Change in Operator	Casinghead Gas 🗵	Condensate	<u></u>				
change of operator give name to address of previous operator	co Producing In	P. O. Bo	x 730 Hobbs, Ne	w Mexico	88240-25 28		
L DESCRIPTION OF WELL	ne Enemation	g Formation Kind of Lease Leas					
Lesse Name SOUTH LANGLIE JAL UNIT	Well No.	1	SILL YATES SEVEN RIV	VER FEE	Rederal or Fee		
ocetion			4000	,	T46*		
Unit Letter	1980	Feet From The SO	UTH Line and 1980	Fe	et From The EAS'	<u> </u>	Line
Section 18 Townshi	p 25S	Range 37E	, NMPM,		LEA	Coun	<u>ty</u>
II. DESIGNATION OF TRAN	ISPORTER OF O		RAL GAS	ich annraud	copy of this form is	to be sent	
Name of Authorized Transporter of Oil 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 Casing	ghead Gas X	or Dry Gas	Address (Give address to wh				
Sid Richardson Gart	Don & Gasoline C	Twp. Rgs.	201 Main S is gas actually connected?	St. Ft. W	orth, Texas 7	76102	
if well produces oil or liquids, jive location of tanks.	J 7	25S 37E	YES		195	3	
this production is commingled with that	from any other lease or	pool, give comming	ing order number:				
V. COMPLETION DATA			<u> 46 00 , 56 3674</u>				
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sam	e Res'v Diff R 1	\$EA
Dete Spudded	Date Compl. Ready to	o Prod.	Total Depth	الا	P.B.T.D.	I	
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					Depth Casing Shoe		
Performions					Depth Casing Sho	×e	
			CEMENTING RECOR		1		
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET		SACH	(S CEMENT	
					 		
							
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE	be equal to or exceed top alle	owable for this	depth or be for fu	ll 24 hours.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	oj ioga ou ena musi	Producing Method (Flow, pa	ump, gas lift, e	(c.)	y	
			Casing Pressure		Choke Size		
Length of Test	Tubing Pressure		Caning Freedute				
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.		Gas- MCF		
GAS WELL			1			•	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
VL OPERATOR CERTIFIC	TATE OF COM	PI IANCE					
			OIL CON	ISERV	ATION DI	VISION	
I hereby certify that the rules and regulations of the Oil Conservation 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 Approve	d	HER DU	UL.	
Osh Johnson	_		D. OBICINAL	SIGNED RY	JEGRY SEXTO	ON .	
Signature			By ORIGINAL SIGNED BY JEERY SEXTON DISTRICT I SUPERVISOR				
L.W. JOHNSON Printed Name		Title	Title				
04-14-92 Date		393-7191 lephone No.	FOR RECO	ORD	ONLY	APR 30	119
1.000							

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.