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

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

State of New Mexico Emergy, 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

ISTRICT III 2000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	R AL	LOWAB	LE AND A	UTHORIZ	ATION S				
								Well API No.			
Operator Texaco Exploration and Production Inc.							30 025 11732				
Adress . O. Box 730 Hobbs, New	Mexico	88240	<u>-2528</u>	3	- 100 - 01	(h)	Z-1				
eason(s) for Filing (Check proper box)				den aft		r (Please expla FECTIVE JA		1992			
lew Well	6 3	Change in	Dry Ga				,				
positivenos ==	Oil Casinohea	d Gas 🔀									
hange in Operator change of operator give name d address of previous operator											
DESCRIPTION OF WELL AND LEASE						- Formation Kind of			Lease No.		
A B COATES C	Well No. Pool Name, Includin 10 JUSTIS FUSSE							, Federal or Fe			
A B COATES C							_	,	MEST	••	
Unit LetterF	:1980	0	Feet Fr	om The NO	RTH LIM	and	·1	Feet From The	WEST	Line	
Section 24 Township	2	58	Range	37E	, NI	MPM,		LEA		County	
II. DESIGNATION OF TRANS	PORTE	R OF O	IL AN	D NATU	RAL GAS		Lieb eneme	ed com of this	orm is to be se	nt)	
Name of Authorized Transporter of Oil Or Condensate						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Texas New Mexico Pipeline C Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to P.O. Box 3000 Tulsa, OK 7410					
Texaco Exploration & Production Inc						P.O. Box 3000 1 Is gas actually connected? When			/4102		
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Twp. 25S	1		YES			01-17-92		
this production is commingled with that f	rom any ot	her lease or	pool, gi	ve comming	ling order num	ber:	 				
V. COMPLETION DATA				Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	Oil Wel	1 ! 1	OSE Men	1	1	i	_i	<u>i</u>		
Date Spudded	Date Con	npl. Ready t	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casi	Depth Casing Shoe		
		TIDDIC	CAS	ING AND	CEMENT	ING RECO	RD.				
11015 0175	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE	 	A3110 U 1									
	 										
	†										
The state of the s	TE EOD	ALLOW	ARL	₹.	<u> </u>	<u> </u>					
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR	ALLUVI Iotal volum	e of load	s I oil and mu	si be equal to c	or exceed top a	liowable for	this depth or b	for full 24 ho	urs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of	Test			Producing N	Aethod (Flow, p	ownp, gas li	,		<u></u>	
Length of Test	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCI	Gas- MCF			
L	J										
GAS WELL	Il samb	of Test			Bbls. Cond	ensate/MMCF		Gravity o	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Casing Pressure (Shut-in)			Choke Si	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Fig.	Costill a seasons frame and					
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	dations of t	the Oil Com	etario d	i		OIL CO	NSER	OITAV	DIVISI	ON	
Division have been complied with and is true and complete to the best of my	l that the it	nounanou i	DACE WA	ove	Da	te Approv	/ed	MAR 0	2'92		
Jul Johnson					}			· · · · · · · · · · · · · · · · · · ·			
Signature L.W. Johnson		En	gr. As		11						
Printed Name 02-14-92		(505	Title 393 (i	-7191	Tit	e					
VZ-17-VZ				- No	· 11						

Date

- 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.

(505) 393-7191 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.