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

State of New Mexico Energy, 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	T	OTRA	NSPO	RT OIL	AND NA	URAL GA	I WALL A	Pl No.			
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 21428 1173					
Address	u Mavias	22240	1_2522								
P. O. Box 730 Hobbs, Nev Reason(s) for Filing (Check proper box)	v Mexico	88240	7-2526		X Othe	r (Please expla	in)				
New Well		Change in	Transport	ter of:		FECTIVE 6-	-1-91				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghead	Gas 🔲	Condens	ate 🔲							
	co Produ	cina Inc	, p	. O. Box	730 I	lobbs, Nev	w Mexico	88240-2	528		
and address of previous operator 10x3	CO PIOUU	cing inc		. 0. 50	. ,,,,,	NODBO, NO.	W WEXIOO				
II. DESCRIPTION OF WELL	AND LEA	SE						.			
ease Name Well No. Pool Name, Includ					ng Formation			Kind of Lease State, Federal or Fee		Lesse No. 129980	
A B COATES C	12 JUSTIS FUSSE				LMAN		FEDE	FEDERAL			
Location	AS					4050			VECT		
Unit Letter K	1650	- 	Feet Fro	m The SO	UTHLim	and1650	Fe	et From The $\frac{V}{V}$	AF21	Line	
24	0.70					m.		LEA	LEA County		
Section 24 Township	, 25		Range	3/6	, NI	IPM,				COURT	
	CDADTE	OF O	TT ANT	NATTI	RAT. GAS						
III. DESIGNATION OF TRAN		or Conder	IL AIVI	TIATO	Address (Giv	e address to wh	ick approved	copy of this fo	rm is to be se	ni)	
Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline Co.						1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
El Paso Natural Gas Comp	l		1492 E	Paso, Texas 79978							
If well produces oil or liquids,	Unit	Sec.	oc. Twp.		Is gas actually connected?		When	When?			
give location of tanks.	В	24	25\$	37E		YES	L		958		
If this production is commingled with that	from any oth	er lease or	pool, give	e commingl	ing order numi	DET:					
IV. COMPLETION DATA							,	·		- ·	
		Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	Ļ_		Total Darth	L	<u> </u>	DDTD		ــــــــــــــــــــــــــــــــــــــ	
Date Spudded	Date Comp	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
					Top Oil/Gas	Pav		Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top one car i a			toning reput			
					1			Depth Casing Shoe			
Perforations									•		
	~	TIDDIC	CASD	IC AND	CEMENTI	NG RECOR	D				
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE CASING 8			UBING S	IZE	 	DET THE					
	 				ļ _ 			1			
	 										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE								
OIL WELL (Test must be after t	recovery of 10	tal volume	of load o	oil and musi	be equal to o	exceed top all	owable for th	is depth or be j	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, p	ump, gas lift,	eic.)			
								To 1 6:	Choke Size		
Length of Test	gth of Test Tubing Pressure				Casing Pressure			Cilote Size			
								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Car Mci			
					<u> </u>						
GAS WELL									·		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF	COM	PLIAN	NCE		OIL CO	JOEDA	ATION	טואופוע	ואר	
					 	OIL COI				אוכ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							Î	JUN ()	1001		
is true and complete to the best of my	knowledge a	nd belief.			Date	Approve	ed		- : :: *		
2/200 200 1	/				1						
2.M. Willer					By_		<u>_</u>		Seay		
Signature		Div O	pers. E	inar	- (Gil 8		3774-0 90 0		
K. M. Miller		DIV. 0	Title		Tale)					
Printed Name April 25, 1991		915-	-688 - 4	834	Inte						
Date		Te	lephone N	√o.							

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.