Submit 5 Copies
Appropriate District Office
DISTRICT I
P.C. Dox 1940, Hobbs, NM 88240

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA	S	The Late			
Operator								II API No. 0 025 11740			
Texaco Exploradori and Production inc.											
Address P. O. Box 730 Hobbs, Ne	w Mexico	88240	0-252	8							
Reason(s) for Filing (Check proper box)	. moxico			<u> </u>		er (Please expla					
New Well	•	Change in Transporter of: EFFECTIVE JANUARY, 1992									
Recompletion	Oil	Oil Dry Gas Casinghead Gas Condensate									
Change in Operator	Casinghead	Gas 🔼	Conce	INTE		 					
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	ng Formation		State,	Kind of Lease State, Federal or Fee		Lesse No. LC032650B					
A B COATES C		18	JUST	IS ELLEN	BURGER		FEDE	RAL			
Location Unit Letter 1980 Feet From The SOUTH Line and 990 Feet From The EAST									Line		
Section 24 Townshi	, Nī	, NMPM,			LEA County						
	'CDADWY	0 P O	TT 4 % T	TO NIATTI	DAT GAS						
III. DESIGNATION OF TRAN		or Conde	IL AN	U NATU	Address (GIV	e address to wh					
Texas New Mexico Pipeline C						1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casin	Gas	Address (Giv			copy of this form is to be sent)						
Texaco Exploration	n & Produ	& Production Inc				P.O. Box 3000 Is gas actually connected? When			Tulsa, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit	Sec. 24	Twp. 1 25S	Rge. 37E		y connected? YES	i wasa		-17-92		
If this production is commingled with that					<u></u>						
IV. COMPLETION DATA	, , , , , , , , , , , , , , , , , , , ,							<u></u>	, -	· ·	
Designate Type of Completion	- (X)	Oil Wel	1 1	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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
· · · · · · · · · · · · · · · · · · ·			A . AT		CTC) (TC) ITT	NC DECOR	<u> </u>	J			
	TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE				Der moet					
	 										
					<u> </u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOW	ABLE	- 11 - m d - m. 150	he soud to o	exceed top all	owahle for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		oj loga	ou ana musi	Producing M	ethod (Flow, pu	mp, gas lift,	eic.)	, 		
Date Pire New Oil Run 10 1aux	Date of Tes	•									
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regu	lations of the	Oil Conse	rvation			OIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and is true and complete to the best of my	I that the infor	mation giv	ven abov	c	Date	Approve	d k	AR 02	92		
Column	_		-								
Signature L.W. Johnson		Eng	ır. Ass	st.	By_				F1.3H		
Printed Name 02-14-92	· · · · · ·	<u>-</u>	Title 393-		Title						
Date 14-32			enhone l		11						

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.