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

## State of New Mexico \_\_ .crgy, Minerals and Natural Resources Departme...

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 TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator **Texaco Exploration and Production Inc.** 30 025 11744 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Other (Please explain) Reason(s) for Filing (Check proper box) X Change in Transporter of: **EFFECTIVE JANUARY, 1992** New Well Dry Gas Oil Recompletion Change in Operator Casinghead Gas X Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. | Pool Name, Including Formation Lease No. Lease Name LC032650B A B COATES C JUSTIS MONTOYA 22 FEDERAL Location Feet From The NORTH Line and 2310 660 . Feet From The EAST Unit Letter Range 37E LEA 24 25\$ , NMPM, Section Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas \_\_\_\_ [X] Texaco Exploration & Production Inc P.O. Box 3000 Tulsa, OK 74102 If well produces oil or liquids, Unit is gas actually connected? When? Sec. Twp. Rge. give location of tanks. В 258 01-17-92 24 37E YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'y Diff Res'v Oil Well Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Date Spudded P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bhls **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) **VL OPERATOR CERTIFICATE OF COMPLIANCE** OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. MAR 0 2'92 Date Approved \_\_\_\_ fallu-so

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Printed Nam

Date

.W. Johnson

02-14-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

All sections of this form must be filled out for allowable on new and recompleted wells.

Engr. Asst. Title

(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.