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

State of New Mexico L....rgy, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	OR AL	_OWAB	SLE AND	AUTHORIZ	ZATION				
Operator								Pl No.		016	
Texaco Exploration and Production Inc. 30 Address								25 11745		<i>!!</i> K	
P. O. Box 730 Hobbs, New	/ Mexico	88240	-2528		- 	(2)	· · · ·				
Reason(s) for Filing (Check proper box)		Change in	Tentoc	ter of:		er (Please expla FFECTIVE 6-					
New Well Recompletion	Oil		Dry Gas	1 1							
Change in Operator	Casinghea	d Gas 🔲	Condens	ate 🗌							
	o Produ	icing Inc	c. P	. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-2	528		
II. DESCRIPTION OF WELL	AND LE	ASE	D. al Ma	Jachudi	na Formation		Kind o	f Lease		ease No.	
Lease Name A B COATES C	Well No. Pool Name, Includin 23 JUSTIS BLINEE				Suite, r			Federal or Fee RAL	1 123360		
Location Unit Letter P	:330	1	Feet Fro	m The SO	OUTH Lin	ne and330	Fe	et From The	AST	Line	
Section 24 Township	, 2	55	Range	37E	, N	МРМ,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	NATU	RAL GAS						
						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be se					ent)	
El Paso Natural Gas Compa	any	у			P. O. Box 1492 El F						
If well produces oil or liquids, give location of tanks.	Unit B	S∞. 24	Twp. 25S	Rge. 37E	is gas actual	YES	When		KNOWN		
If this production is commingled with that f	rom any oti	ner lease or	pool, giv	comming	ling order nun	nber:					
IV. COMPLETION DATA							Desper	Plug Back	Come Pes'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1 1 0	as Well	New Well	Workover	Deepen	i Ling Dack i	Same Res		
Date Spudded		pl. Ready to	o Prod.		Total Depth		·•	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	: Pay		Tubing Depth			
erforations					<u> </u>			Depth Casing Shoe			
								<u> </u>			
	TUBING, CASING AND				CEMENT	ING RECOR	<u>.</u>	5	SACKS CEM	ENT	
HOLE SIZE	CASING & TUBING SIZE				DEP III SE I			 			
	 										
CONTRACTOR AND DECLIES	TEOD	ALLOW	ARIF		<u> </u>			1	·		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of l	otal volume	of load	oil and mus	s be equal so	or exceed top all	owable for the	is depth or be f	or full 24 hou	ors.)	
Date First New Oil Run To Tank	Date of T				Producing N	Method (Flow, p	ump, gas lift.	eic.)			
Length of Test	Tubing Pressure				Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL					_ 						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	LA TITE C	C ((0) (DI TAN	ICE	-						
VI. OPERATOR CERTIFIC				NCE		OIL CO	NSERV				
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.					Date Approved 3 1991						
Zm mill										e •	
Signature K. M. Miller		Div. O	pers. I	Engr.	- 11						
Printed Name April 25, 1991			Title -688–4		Titl	θ					
Date		Te	lephone i	√ 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.