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

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

State of New Mexico _ .rgy, Minerals and Natural Resources Departm.

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

1000 Rio Brazos Rd., Aztec, NM 8741	REQU	EST FO	OR AL	LOWAE	BLE AND	AUTHORIZ	ZATION				
I		OTRA	NSPC	HI OIL	ANU NA	TURAL GA	VO Mell 1	PI No.	,		
Operator Texaco Exploration and P	30 025 11747										
	lew Mexico	88240	<u>-2528</u>	<u> </u>	X Oth	er (Please expla	in)				
Reason(s) for Filing (Check proper box	;)	Change in	Типпенск	ter of:		FECTIVE J		1992			
New Well	Oil		Dry Gas	1 1			·				
Recompletion U Change in Operator		i Cas 🗵									
f change of operator give name											
and address of previous operator	, <u> </u>										
II. DESCRIPTION OF WEL	L AND LEA	Vell No.	Pool Na	me, Includi	ng Formation	K9795	Kind	of Lease		esse No.	
Lease Name A B COATES D		2	a.		DRINKARD		7 2 FEDE	Federal or Fee	LC032	2650A	
Location				Bunzar	4						
Unit Letter N	:660			om The SC	UTH Lin	e and1650) Fe	et From The	VEST	Line	
Section 24 Town	uship 2	5S	Range	37E	,N	MPM,		LEA		County	
III. DESIGNATION OF TR	ANSPORTE	R OF O	IL ANI	D NATU	RAL GAS	e address to wh	hick approved	come of this fo	rm is to be se	eni)	
Name of Authorized Transporter of Oi Texas New Mexico Pipelin	•	or Conden	sale		Acouses (Cit	<i>aaaress 10 wr</i> 1670 Broad					
Name of Authorized Transporter of Ci	einghead Gas	[X]	or Dry	Gas 🗍	1	ve address to wh					
Texaco Explorat	ion & Produ	ction In	C					Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Тwр. 25S	Rge. 37E		YES			-17-92		
If this production is commingled with t	hat from any oth	er lease or	pool, giv	e comming	ling order num	ber:					
IV. COMPLETION DATA Designate Type of Completi	on - (X)	Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		Total Depth	.1		P.B.T.D.			
•	Name of P	mducine F	ormation		Top Oil/Gas	Pay		Tubing Dept	h		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Depth Casing Shoe			
Perforations											
	1	UBING,	CASIN	NG AND	CEMENT	NG RECOR	D	,		CAIT.	
HOLE SIZE				SIZE	ļ	DEPTH SET		 	SACKS CEMENT		
								 			
					<u> </u>						
								<u> </u>			
V. TEST DATA AND REQU OIL WELL (Test must be of	JEST FOR A	LLOW.	ABLE	oil and musi	i be equal to o	r exceed top allo	owable for th	is depth or be j	or full 24 how	us.)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Te		oj ioda c	/4 G/AG //AG	Producing N	lethod (Flow, pr	ump, gas lift,	etc.)			
Second 9 to 20 and 12 a				<u>.</u>	<u> </u>			Choke Size			
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL					1						
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI ODED ATOD CEDTIE	TCATE OF	COM	PLIAN	ICE	1	011 001	JOED!	ATION			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CON	NOEHV				
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						
^ ^					Dat	e Approve	ea				
ON Johnson -					∥ By_		12 2 2 2				
Signature L.W. Johnson		Eng	r. Ass	t	11						
Printed Name 02-14-92		(505)	Title 393-7	7191	Title)					
Date		· · · · · · · · · · · · · · · · · · ·	ephone N								

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

Date

- 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.

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

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

CONTROL ... CONTROL CO

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., Aztec, NM 87410 I.					BLE AND AUTHO		ION					
Operator Texaco Exploration and Pro		Well API No. 30 025 11747										
Address P. O. Box 730 Hobbs, Nev	u Mavic	0 8824	0_2528									
Reason(s) for Filing (Check proper box)	W MEXIC				X Other (Please	•	1DV 1					
New Well Recompletion	Change in Transporter of: EFFECTIVE JANUARY, 1992 Oil Dry Gas											
Change in Operator	Casinghe	ad Gas 🗵	Conden	uate 🗌								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE Well No.	Pool No	me Includ	ing Formation		Kind (of Lease	Le	ase No.		
A B COATES D	San						State, FEDE	Federal or Fee RAL	LC032	650A		
Location Unit Letter N	. 660)	_ Feet Fro	m The SC	OUTH Line and	1650	Fe	et From The W	EST	Line		
Section 24 Township	, 2	:58	Range		, NMPM,			LEA		County		
III. DESIGNATION OF TRAN	SPORTE	ER OF Q	IL ANI	NATU	RAL GAS							
Name of Authorized Transporter of Oil Texas New Mexico Pipeline ((V)	or Conde	nsale [Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202							
Name of Authorized Transporter of Casing Texaco Exploration	Gas	Address (Give address	to which a	copy of this form is to be sent) Tulsa, OK 74102								
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 1 24	Twp. 25S	Rge.	Is gas actually connect YES	tually connected? When ?						
If this production is commingled with that i	from any oti	her lease or	pool, give	comming	ing order number:							
IV. COMPLETION DATA		Oil Well	i G	as Well	New Well Worko	ver De	eepen	Plug Back Sa	me Res'v	Diff Res'v		
Designate Type of Completion		i	i		Total Depth	i				<u>i</u>		
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations	<u> </u>							Depth Casing S	ihoe			
						CEMENTING RECORD DEPTH SET				SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			IZE	DEPTH	GAORG GEMENT						
							·					
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	il and must	be equal to or exceed to	on allowable	for this	depth or be for	full 24 hour.	s.)		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		oj tada o	a ana masi	Producing Method (Fla	ow, pump, g	as lift, e	(c.)				
Length of Test	Tubing Pressure				Casing Pressure		Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
CACHIELL	<u> </u>				<u> </u>							
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MM		Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	tions of the	Oil Conser	vation	CE	OIL C			ATION D Mar 0 2 's		N		
Signature L.W. Johnson		Engi	r. Asst	•	Ву				: 70N			
Printed Name 02-14-92			Title 393-7		Title							

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