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Apprepriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ...ergy, Minerals and Natural Resources Departm.

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1000 Kio Brizos Ka., Aziec, NM 8/410						AUTHOR					
I.		TO TRA	NSF	PORT OI	L AND NA	TURAL G	AS				
Operator Townson Final and Danduckier Inc.						Well API No.					
Texaco Exploration and Pro	duction	inc.					30	025 12233			
Address											
P. O. Box 730 Hobbs, Ne	w Mexic	0 8824	0-25	28							
Reason(s) for Filing (Check proper box)						er (Please exp	=				
New Well		Change in	Tranq	porter of:	E	FFECTIVE .	JANUARY,	1992			
Recompletion	Oil		, -								
Change in Operator	Casinghe	ad Gas 🛚 🔀	Cond	ensate 🔲							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Well No. Pool Name, Includ								of Lease No.			
				LARHIDE				TE TE	Rederal or Fee B-9519		
Location											
Unit Letter O	:660)	_ Feet l	From The S	OUTH Lin	e and	<u>0</u> F	eet From The E	AST	Line	
Section 29 Township 24S Range 38E					, NMPM,			LEA County			
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline C						1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved P.O. Box 3000 Tulsa, OK					-	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 245		is gas actually connected? Wh YES			01–17–92			
If this production is commingled with that	from any ot	her lease or	pool. g	ive comming	ding order num	ber:					
IV. COMPLETION DATA	,,,,,,		,								
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)		. !		1	1				Í	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.	•				
Fluncians (DE BKB BT CB etc.) Name of Budging Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation										
Perforations	<u> </u>				<u> </u>		··	Depth Casing	Shoe		
		W.10010	046	DIC AND	CENCENTE	NC DECOL	<u> </u>	!			
					CEMENT	NG RECOR		T CA	CVC CEM	CNIT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ										
	<u> </u>					,		ļ			
L MDOM DAMA AND DEOLIE	TEOD	ALLOW	ADIE	,			 			· 	
V. TEST DATA AND REQUES	I FUK /	**************************************	الددائد	و المالمة الما	د مه لمسم م	r avogså ton oll	lowable for th	is denth as he for	full 24 kom	re l	
OIL WELL (Test must be after r	Ţ-		oj toad	ou and mus		ethod (Flow, p			Juli 24 now	3./	
Date First New Oil Run To Tank	Date of Te	a a			Producing M	eusou (riow, p	ապ, չա ւկւ,	eu.,			
	<u> </u>							Choke Size			
Length of Test	Tubing Pressure					Casing Pressure			Choke Size		
	ļ					Wasan Dila			Gas- MCF		
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCP			
	<u> </u>	 			<u> </u>			1	-		
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	1 A Green - C-	100: 5	Y Y 4 '	NOR	1r			1			
VI. OPERATOR CERTIFIC				NCE			USERV	ATION D	IVISIO	N	
I hereby certify that the rules and regula					1		101111	ATION D	. 4 1010	7 i T	
Division have been complied with and			en abor	ve							
is true and complete to the best of my l	nowledge a	ng delief.			Date	Approve	ed				
						• •					
The phison					By_	49.50	Garan Sar	· A respective	1		
Signature /		Enc	r. As:	et	¹			i a i joi References	 		
L.W. Johnson		Engl		31.			,	and the state of the same of	•		
Printed Name			Title		II Title						

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

02-14-92

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.

(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.