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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	`	Sar		Box 2088 Mexico 8750	04-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FC	OR ALLOW	ABLE AND	AUTHORIZ	ZATION			
I.	٦	TO TRA	NSPORT (OIL AND NA	TURAL GA	S			
Operator							PI No.		
Texaco Exploration and	Produc	tion I	nc.			3.	D- <i>Dス</i>	5-12	242
Address									
P.O. Box 730 Hobbs, N Reason(s) for Filing (Check proper box)	lew Mex	ico 88	240-2528	X Oth	er (Please expla	in)			
New Well		Change in	Transporter of:	_	•				1
Recompletion	Oil	~_	Dry Gas		FECTIVE 6	3-1-91			
Change in Operator	Casinghead		Condensate						
If change of operator give name and address of previous operator Texa	aco Prod	luara 1	Inc P	.0. Box 73	0 Hobbs	s, New 1	Mexico 8	8240-25	28
II. DESCRIPTION OF WELL A	AND LEA	ASE							
Lease Name		Well No.	Pool Name, Inc	luding Formation		Kind o	of Lease	Le	ase No.
West Odlashide Drinkard 1	Init	2-7	Philliph	ide Tubb 1	Drinkard	(State)	Federal or Fed	B-6	7519
Location	<u> </u>		- VOICE II	ion juize	<u> </u>		-		
Unit Letter	:	180	Feet From The	north Lin	e and 1981	Fe	et From The	West	Line
			_	20.6					
Section Cownship	<u>, 245</u>)	Range	38C , N	MPM,	lea			County
III. DESIGNATION OF TRANS	SPORTE			FURAL GAS					
Name of Authorized Transporter of Oil		or Conden	sate	Address (Giv	ve address to wh	ich approved	copy of this fo	orm is to be se	nt)
TA									
Name of Authorized Transporter of Casing	head Gas		or Dry Gas						
1				Address (Gin	ve address to wh	ich approved	copy of this fe	orm is to be se	nt)
If well produces oil or liquids,	Unit	Sec.	·	Address (Giver Rge. Is gas actual)		ich approved When		orm is to be se	nt)
If well produces oil or liquids, give location of tanks.	Unit	Sec.				···		orm is to be se	nt)
give location of tanks.	<u>i i</u>	1	Twp. F	Rge. Is gas actuali	y connected?	···		orm is to be se	nt)
give location of tanks. If this production is commingled with that f	<u>i i</u>	1	Twp. F	Rge. Is gas actuali	y connected?	···		orm is to be se	nt)
give location of tanks.	<u>i i</u>	er lease or p	Twp. F	ingling order num	ly connected?	When	?		
give location of tanks. If this production is commingled with that f	from any oth	er lease or p	Twp. F	Rge. Is gas actually ningling order num	ly connected?	···	?	Same Res'v	Diff Res'v
give location of tanks. If this production is commingled with that f IV. COMPLETION DATA	from any oth	er lease or p	Twp. F	ingling order num	ly connected?	When	?		
give location of tanks. If this production is commingled with that f IV. COMPLETION DATA Designate Type of Completion	from any oth	er lease or p	Twp. F	Rge. Is gas actually ningling order num New Well Total Depth	ber: Workover	When	? Plug Back		
give location of tanks. If this production is commingled with that f IV. COMPLETION DATA Designate Type of Completion	rom any oth (X) Date Comp	er lease or p	Twp. Food, give comm	Rge. Is gas actually ningling order num	ber: Workover	When	? Plug Back	Same Res'v	
give location of tanks. If this production is commingled with that f IV. COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	rom any oth (X) Date Comp	Oil Well	Twp. Food, give comm	Rge. Is gas actually ningling order num New Well Total Depth	ber: Workover	When	Plug Back P.B.T.D. Tubing Depi	Same Res'v	
give location of tanks. If this production is commingled with that f IV. COMPLETION DATA Designate Type of Completion Date Spudded	rom any oth (X) Date Comp	Oil Well	Twp. Food, give comm	Rge. Is gas actually ningling order num New Well Total Depth	ber: Workover	When	Plug Back P.B.T.D.	Same Res'v	
give location of tanks. If this production is commingled with that f IV. COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	rom any oth (X) Date Comp	Oil Well Di. Ready to	Twp. Frod. Gas Well	Rge. Is gas actually ningling order num New Well Total Depth	ber: Workover	Deepen	Plug Back P.B.T.D. Tubing Depi	Same Res'v	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pu	ual to or exceed top allowable for this depth or be for full 24 hours.) using Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF		

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

Actual Prod. Test - MCF/D

Date

Testing Method (pitot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.

M Que	
Signature M.C. Duncan	Engineer's Assistant
Printed Name	Title
7-8-01	39307191

OIL CONSERVATION DIVISION

Gravity of Condensate

Choke Size

Date Approved	
By ORIGINAL SIGNED BY JEERY CLATON	
DISTRICT I SUPERVISOR	
Titlo	

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

Length of Test

Tubing Pressure (Shut-in)

- 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.

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.

RECEIVED

MAY 23 1991

OSS Modes office