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

State of New Mexico 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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production Inc. 30 025 12250 Hobbs, New Mexico 88240-2528 P. O. Box 730 Other (Please explain) X Reason(s) for Filing (Check proper box)-**EFFECTIVE JANUARY, 1992** Change in Transporter of New Well П Dry Gas Oil Recompletion Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lesse No. Pool Name, Including Formation Well No. DOLLARHIDE TUBB DRINKARD FFF WEST DOLLARHIDE DRINKARD UNIT 17 Location Feet From The WEST Feet From The NORTH Line and 2310 535 C Unit Letter LEA Range 38E 245 County 30 , NMPM, Township Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) e 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) or Dry Gas Name of Authorized Transporter of Casinghead Gas X P.O. Box 3000 Tulsa, OK 74102 / P.O. Box 1126 Jal, TEPI / Sid Richardson When? is gas actually connected? If well produces oil or liquids, give location of tanks. Unit Twp 01-17-92 Di 32 245 38E YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. 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

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

is true and complete to the best of my knowledge and belief.

Signature L.W. Johnson

02-14-92

Printed Name

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.

Date Approved _

By_

Title_

2) 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.