Submit 5 Copies
Appropriate 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

I.		IOIHA	ANSI	PORT OF	LAND NA	HUHAL G	AS .				
Openior Texaco Exploration and Production Inc.						Well API No. 30 025 12277					
Address P. O. Box 730 Hobbs, Nev	w Mavico	8824	0_25	28							
	w Mexico	8824	0-25	20	X Ou	ver (Please expl	ain)				
Reason(s) for Filing (Check proper box)			_			•		4000 -			
New Well											
Recompletion											
Change in Operator	Casinghese	i Gas 🏻] Cond	lensate 🔲							
If change of operator give name and address of previous operator					-						
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Includ					ng Formation			Kind of Lease State, Federal or Fee		ease No.	
WEST DOLLARHIDE DRINKARD UNIT 50 DOLLARHIDE					TUBB DRINKARD			DERAL LC-069052		59052	
Location	. 2310			N	ORTH	1650	3	Feet From The.	EAST	Line	
Unit Letter	rea riou ine					e and	150				
Section 31 Township	, 24	15	Rang	e 38E	,N	MPM,		LEA	 .	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	1	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 X or Dry Gas TEPI / Sid Richardson									copy of this form is to be sent) 4102 / P.O. Box 1126 Jal,		
If wall produces oil or liquids,	Unit	Sec.	Twp.	Rge.		ly connected?		When ?			
give location of tanks.	D	32	24		YES		""	01–17–92			
If this production is commingled with that i	mm nav oth	- lesse or		rive commino	ling order num	her					
IV. COMPLETION DATA	IOIII any Our	H 1444 CI	J	y							
	~~	Oil Well	ı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		ــــــــــــــــــــــــــــــــــــــ	بلپ		Total Dooth	<u> </u>	<u> </u>		<u> </u>		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	KB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>	Depth Casing Shoe					
											
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
									-		
					 						
V. TEST DATA AND REQUES	T FOD A	HOW	ARLI	₹.	l						
V. 1EST DATA AND REQUES	IFUKA	LLUW		ت المالية المالية المالي	La saval ta as	aread top all	auchie for t	hie death as he s	for full 24 hour	re)	
OIL WELL (Test must be after re	,		oj ioad	ou ana musi					OF JEEL 24 11000	3./	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL					<u> </u>		<u></u>				
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conder	sate/MMCF		Gravity of C	ondensate		
Vermit Lion 1 few - M/CLAD remitting of 1 few											
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	l				<u> </u>						
VI. OPERATOR CERTIFICA	ATE OF	COMP	ZLIA	NCE	/		ICEDI	/ATIONSE	MANCU	M	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION TO PUT SION						
Division have been complied with and that the information given above					MAR 0 % 1992						
is true and complete to the best of my knowledge and belief.					Date	Approve	d	nan:	וכבו הי ט	<u>_</u>	
					Daile	, , hpi ove	-	-			
CANC Johnson											
Simplify Character -					By_	By					
Signature L.W. Johnson Engr. Asst.											
Printed Name			Title		Title						
02-14-92		(505)	393-	7191							
Date			phone		11						

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.