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

State of New Mexico

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA	AS	N. C.			
Openior Toyago Evolutation and Production Inc.							Well API No. 30 025 12282				
Texaco Exploration and Production Inc.						30 023 12202					
Address P. O. Box 730 Hobbs, Nev	w Mexico	88240	0-252	28							
25. O. Box 730 Hobbs, New Mexico 88240-2528 ESSON(5) for Filing (Check proper box) X Other (Please explain)											
New Well	Change in Transporter of: EFFECTIVE JANUARY, 1992										
Recompletion Oil Dry Gas Change in Operator Casinghead Gas 🗵 Condensate											
Change in Operator L	Casinghead	Gas [A]	Conde						····		
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE						of Lease			
Lease Name Well No. Pool Name, Includi						ng Formation FUBB DRINKARD				ease No. 69052	
Location Unit LetterC	C : 990 Feet From The NORTH Line and 2310 Feet From The WEST Line										
Section 31 Township	046 - 205				, NMPM,			LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas					P.O. Box	3000 Tu		copy of this form is to be sent) 4102 / P.O. Box 1126 Jal,			
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. 245	Rge.	is gas actually connected? YES		When	When?			
If this production is commingled with that	from any othe	r lease or	pool, gi	ve comming!	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i		İ	İ			i	<u>i</u>	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
TUBING, CASING AND C						CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								ļ			
							<u></u>	 			
											
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		L			<u> </u>			
OIL WELL · (Test must be after re	ecovery of tole	al volume	of load	oil and must	be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hou	rs.)	
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			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>				L						
					Bbis. Conder	Bbis. Condensate/MMCF Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
M ODED ATOD CEDTIETO	ATE OF	COMP	TIAN	NCE					- 11 41 6 1 -		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					(DIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above								***		*	
is true and complete to the best of my k	mowiedge and	belief.			Date	Approve	d				
The Johnson		_			_						
Signature					By_				3 11		
L.W. Johnson Engr. Asst.						-			•		
Printed Name 02-14-92		(505)		7191	litle						
Date			chone N		H						

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.