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

State of New Mexico gy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Texaco Exploration and Production Inc. 30 025 99058 ~ Addres P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Recompletion X Cazinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee FEE Lease No. Well No. Pool Name, Including Formation Lease Name 172010 DOLLARHIDE TUBB DRINKARD 67 WEST DOLLARHIDE DRINKARD UNIT Location Feet From The Range 38E 245 31 , NMPM County Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate INJECTOR Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [INJECTOR Rge. is gas actually connected? Twp. When ? Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation

V. TEST DATA AND REQUEST FOR ALLOWABLE

Perforations

HOLE SIZE

Actual Prod. Test - MCF/D

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

Bbis. Condensate/MMCF

Casing Pressure (Shut-in)

Title.

TUBING, CASING AND CEMENTING RECORD

CASING & TUBING SIZE

DEPTH SET

Tubing Pressure (Shut-in) Testing Method (pilot, 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

J. M. Miller	veoge and bener.	
Signature K. M. Miller	Div. Opers. Engr.	
Printed Name May 2, 1991	Title 915-688-4834	
Date	Telephone No.	

OIL CONSERVATION DIVISION

JHB 0 8 **1991** Date Approved _ By.

Depth Casing Shoe

Gravity of Condensate

Choke Size

SACKS CEMENT

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

Length of Test

- 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.