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

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

State of New Mexico gy, Minerals and Natural Resources Departme.

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

.	70	OTHA	NSP	UNI UIL	AND NA	UNALGA	J Wall A	PI No.			
Operator Texaco Exploration and Production Inc.								30 025 12304			
Address											
Address P. O. Box 730 Hobbs, New	Mexico	88240	-252	28							
Reason(s) for Filing (Check proper box)					نت	e (Please explai					
New Well		hange in	_	r ;	EF	FECTIVE 6-	-1-91				
Recompletion GZ	Oil	- 님	Dry C	_							
Change in Operator X	Casinghead	Gas []	Cond								
f change of operator give name and address of previous operator Texac	o Produc	ing Inc	<u>. </u>	P. O. Bo	x 730	lobbs, Nev	<u>v Mexico</u>	88240-2	2528		
II. DESCRIPTION OF WELL	AND LEAS	SE									
Lease Name Well No. Pool Name, Include					ing Formation		Kind State.	Kind of Lease State, Federal or Fee		Lease No. 172010	
WEST DOLLARHIDE DRINKAR	TUBB DRINK	(ARD		STATE							
Location				6/	NITI I	1000		,	WEST	••	
Unit Letter K	: 1980 Feet From The SOUTH Line and 1980 Feet From The WEST L									Line	
Section 32 Township	24S Range 38E				. NMPM.			LEA County			
Secuola 10wasan											
III. DESIGNATION OF TRANS	SPORTER	OF O	IL A	ND NATU	RAL GAS		·	l anno of this f	orm is to be se	-tl	
						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Cal Texas New Mexico Pipeline C	cas (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing El Paso Natural	P. O. Box 1492 El Paso, Texas 79978										
If well produces oil or liquids,	Rge	is gas actually connected? Whe									
give location of tanks.	Unit D	32	24	38E		YES		UN	IKNOWN		
If this production is commingled with that f	from any other	r lease or	pool, p	give comming	ling order num	ber:					
IV. COMPLETION DATA								Mus Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	ı İ	Gas Well	New Well	Workover	Deepen	i bind pack	Danie Kes A	I Nesv	
		Beady I	o Prod	 	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	1		
Date Spudded	Date Comp.	Compl. Ready to Prod.				•					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
					<u> </u>				Depth Casing Shoe		
Perforations								Depth Cath	ig save		
		UDDIC	CAS	TING ANT	CEMENT	NG RECOR	D				
1015 035	TUBING, CASING AND CASING & TUBING SIZE				CENTENTI	DEPTH SET			SACKS CEMENT		
HOLE SIZE	UAS	MING B. I	OBIN	, O.L.L	 						
	 										
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABL	E		all ann all	amabla for th	ie denth ar he	for full 24 hos	ers.)	
OIL WELL (Test must be after r			of loa	d oil and mu	Producing N	lethod (Flow, p	ump, eas lift.	elc.)	<i>Jon Jan 3</i> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Date First New Oil Run To Tank	New Oil Run To Tank Date of Test					(•			
Length of Test	ERILLE	re Casing			ising Pressure		Choke Size	Choke Size			
League Gr For	Tubing Pressure							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	Water - Bbls.			Gal- MCF		
	<u> </u>										
GAS WELL								<u> </u>	Candonese		
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
	Tubing Pressure (Shut-in)				Casino Pres	Casing Pressure (Shut-in)			Choke Size		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC	ATE OF	COM	DI I	NCF	1			=:	D11400		
I hereby certify that the rules and regul						OIL COI	NSER\	MUNIA	M W P	JN DO 4	
Division have been complied with and	that the info	rmation gi	ven ab	ove				- 0		וטכ	
is true and complete to the best of my	knowledge at	nd belief.			Dat	e Approve	ed				
2/20 201.11	_				-	• •		O-4- ~-			
ZM. Miller					By Orig. Signed by Paul Kautz						
Signature K. M. Miller Div. Opers. Engr.					Geologist						
Printed Name		045	Tiu	-4834	Title	-					
May 2, 1991			-088		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.