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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

4+		<u> </u>	****	. 0 0			Wall	API No			
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 12309				
· · · · · · · · · · · · · · · · · · ·							1 00	,200	-		
Address P. O. Box 730 Hobbs, Nev	w Mavico	3 889 <i>4</i> 1	0-24	528							
Reason(s) for Filing (Check proper box)	- WEXIC	3024	J-2:	<u></u>	X Oth	s (Please explo	in)				
New Well		Change in	Tran	sporter of:		FECTIVE J		1992			
Recompletion	Oil		Dry								
Change in Operator	Casinghea	d Gas 🛚	Con	densate						· · · · · · · · · · · · · · · · · · ·	
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE					110				
Lease Name WEST DOLLARHIDE DRINKAF	RD UNIT	Well No. Pool Name, Including 60 DOLLARHIDE T			-	CARD	State,	Kind of Lease State, Federal or Fee STATE		Lesse No. B-9311	
Location	0404			50	T. 1	£10		1	EAST		
Unit Letter	:_ 2130	<u> </u>		From The SO	Un Lin	and510	F	eet From The	EAST	Line	
Section 32 Township	<u>2</u>	48	Ran	ge 38E	, N	ирм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS		•••		is to Es as		
Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline C						Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas TEPI / Sid Richardson						address to wh					
If well produces oil or liquids, zive location of tanks.	Unit	Sec. 32	Twp		is gas actually connected? YES		When	?	-17-92	*****	
If this production is commingled with that			ــــــــــــــــــــــــــــــــــــــ		<u> </u>						
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	pl. Ready to	o Proc	1	Total Depth			P.B.T.D.	L.,	<u>. I </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
Felicialions								1			
	1	TUBING.	CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
										<u></u>	
The state of the s	TO BOD (III ANI	ADI	E				J		,	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	ALLUW	ABL	e C e ed oil and must	he equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te		oj ia	id ou una musi	Producing M	thod (Flow, pu	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
								1			
GAS WELL											
ctual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Cesting Method (pites, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
					<u> </u>						
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLL	ANCE		OIL CON	ICEDIA	ATION	טואופור	M	
I hereby certify that the rules and regul	ations of the	Oil Conse	rvatio	c.			YOLIT V				
Division have been complied with and	that the info	rmation giv	ven ab	ove	_			N	IAR 02'	92	
is true and complete to the best of my	knowledge a	ma venei.			Date	Approve	d			·	
4110 ali ==					_			g i territorio	2.5		
Signature					∥ By_			en Marka Talan	i i i i i i i i i i i i i i i i i i i		
L.W. Johnson Printed Name		<u>⊦ng</u>	r. A	sst.	Tiale	•					
02-14-92			393	7191	Title	<u></u>					
Date	·····	Tel	ephon	e No.	II						

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

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.
- 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.