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DISTRICT I P.O. Bo: 1980, Hobbs, NM 88240

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## State of New Mexico L. agy, Minerals and Natural Resources Department

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 III 1000 Rio Brizos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30 025 12345 Texaco Exploration and Production Inc. Address Hobbs, New Mexico 88240-2528 P. O. Box 730 Other (Please explain) Reason(s) for Filing (Check proper box) **EFFECTIVE JANUARY, 1992** Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee STATE Lease No. Well No. | Pool Name, Including Formation Lease Name R-1732 DOLLARHIDE TUBB DRINKARD WEST DOLLARHIDE DRINKARD UNIT 58 Location Feet From The EAST Feet From The SOUTH Line and \_ 630· Line 1980 Unit Letter . LEA Range 38E County . NMPM. 245 33 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) or Condensate Name of Authorized Transporter of Oil 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 TEPI / Sid Richardson or Dry Gas P.O. Box 3000 Tulsa, OK 74102 / P.O. Box 1126 Jal, is gas actually connected? When ? Rge. Unit Sec. If well produces oil or liquids, 01-17-92 DΙ 245 | 32 38E YES rive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Deepen Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above MAR 0 2'92 is true and complete to the best of my knowledge and belief. Date Approved \_ By\_ Signature L.W. Johnson Engr. Asst. Title Printed Name Title\_ (505) 393-7191 02-14-92 Telephone No.

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.