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

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

deed 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No. Operator 30 025 12349 Texaco Exploration and Production Inc. Hobbs, New Mexico 88240-2528 P. O. Box 730 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Dry Gas Oil Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. Hobbs, New Mexico 88240-2528 P. O. Box 730 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 172010 WEST DOLLARHIDE DRINKARD UNIT **DOLLARHIDE TUBB DRINKARD** STATE 56 Location _ Feet From The WEST Feet From The NORTH Line and 330 2310 Unit Letter _ **LEA** Range 38E County 33 Township 245 , NMPM, 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 Co. 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas [XT] P. O. Box 1492 El Paso, Texas 79978 El Paso Natural Gas Company When? Rge. is gas actually connected? l Twp. Unit Sec. If well produces oil or liquids, UNKNOWN 245 | 38E YES D j 32 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Plug Back Same Res'v New Well Workover Deepen Gas Well Oil Well 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 CASING & TUBING SIZE HOLE SIZE

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be aft	er recovery of total volume of load	oil and must be equal to or exceed top uno	made for the depth of the joi just 24 months
Date First New Oil Run To Tank	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.			
2mmiller			
Signature K. M. Miller	Div. Opers. Engr.		
Printed Name May 2, 1991	Title 915-688-4834		
Date	Telephone No.		

OIL CONSERVATION DIVISION

- ALR (3 1991 Date Approved ____ Hened by By_ Title _

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.

NECCOVID.

MAY 2 3 1991

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