Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III

State of New Mexico Minerals and Natural Resources Department Ene

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

I.			-	_	BLE AND NA						
Operator						TOTAL	Well API No.				
Texaco Exploration and Production Inc.							30	025 20164	ļ	<u> 12</u>	
Address										_	
P. O. Box 730 Hobbs, Nev	w Mexico	0 8824	0-2528	<u></u>	X Oth	et (Please expl	I=:=\				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpor	ter of:		FECTIVE 6	•				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghea	id Gas 🔲	Condens								
If change of operator give name and address of previous operator Texas	co Inc.	P. 0.	Box 7	30	Hobbs, Ne	w Mexico	88240-2	528			
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name NEW MEXICO BZ STATE NCT					uding Formation B DRINKARD			of Lease Federal or Fee TE Lease No. 546460			
Location							_				
Unit Letter : 1980 Feet From The S							et From The WEST Line				
Section 2 Township	, 2	5S 	Range	37E	, N	МРМ,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND) NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline C 1070 Broadway Denver, Colorado 802									 		
Name of Authorized Transporter of Casing El Paso Natural	+- 			Paso, Texas 79978							
If well produces oil or liquids, give location of tanks.	Unit N	Sec.	Twp. 258	Rge. 37E	1 *	y connected? YES	When		KNOWN		
If this production is commingled with that f IV. COMPLETION DATA	from any oth	ner lease or	<u> </u>	comming							
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	ompl. Ready to Prod.		Total Depth	1	.1	P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
	 -	TUBING	CASIN	G AND	CEMENTI	NG RECOR	RD	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ										
V. TEST DATA AND REQUES	T FOR	MLLOW	ARLE		<u> </u>		<u>.</u>				
OIL WELL (Test must be after re				il and mus	t be equal to or	exceed top all	owable for thi	s depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL	L							· 	-		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shui-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COME	PLIAN	CE)II	JOED!	ATION			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my k	nowledge a				Date	Approve	ed	· · · · · · · · · · · · · · · · · · ·	,11		
X.M. Miller					By_	· 					
Signature K. M. Miller	Div. Opers. Engr.										
Printed Name May 7, 1991	Title 915-688-4834				Title						

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.

Telephone No.

- 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.