## L CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWARI F AND ALITHORIZATION

I.	, LIC				OIL AND NA						
I. TO TRANSPORT OIL AND NATURAL GAS  Operator  Texasco Exploration and Braduation In								ell API No.			
Texaco Exploration and Production Inc.								025 20558	}		
	lew Mexic	o 8824	10-252	) R							
Reason(s) for Filing (Check proper box		002.	0-202		X o	her (Please exp	lain)			<del></del>	
New Well Recompletion	0.1	Change i		_	, E	FFECTIVE 6	5-1-91				
Change in Operator	Oil Casinghe	ad Gas ┌	Dry G	_	) ]						
If change of operator give name and address of previous operator	caco Inc.		. Box		Hobbs. Ne	w Mexico	88240-2	528	·		
II. DESCRIPTION OF WEL	L AND LE	ASE									
Lease Name  G L ERWIN A FEDERAL  Well No. Pool Name, 3 JUSTIS				lame, Inch	i Cra			of Lease No.			
G L ERWIN A FEDERAL			JUST	TIS TUB	B DRINKARD	DRINKARD		State, Federal or Fee FEDERAL		203570	
Unit Letter M	. 990	<u> </u>	_ Feet Fr	rom The	SOUTH Lie	ne and990	0·F	eet From The V	/EST	Line	
Section 35 Township 24S Range 37E					, NMPM,			LEA County			
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL AN	D NAT	URAL GAS						
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					1670 Broadway Denver, Colorado 80202  Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company					7	P. O. Box	1492 EI	Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit			Rg		is gas actually connected? YES		When ? UNKNOWN			
If this production is commingled with the IV. COMPLETION DATA	t from any oth	er lease or	pool, giv	e commin	gling order num	ber:		ONK	104414		
		Oil Well		Gas Well	New Well	Workover	Danie			<u> </u>	
Designate Type of Completion		<u>i</u>	i_	As well	i	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.		<del></del>	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations		· <del>- · · · · ·</del>			.1	<del></del>		Depth Casing	Shoe		
	<u> </u>	TIRING	CASIN	IC AND	CEMENT	NC BECOR	<del></del>			<del></del>	
HOLE SIZE CASING & TUBIL					D CEMENTING RECORD DEPTH SET			SACKS CEMENT			
									STORE GENERAL		
	<del></del>	-			<del> </del>						
	+				+	<del></del> -					
V. TEST DATA AND REQUE				· · · · · · · · · · · · · · · · · · ·	<del></del>			l	<del></del>		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		of load o	il and mus	be equal to or	exceed top allo thod (Flow, pu	wable for this	depth or be for	full 24 hour.	s.)	
	Date of Tes	•			1 toobetig twee	aios ( <i>r iow, pie</i>	тр, даз цуг, ег	(c.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
		<del></del>		<del></del>							
GAS WELL Actual Prod. Test - MCF/D	17 27				15/. A	-					
					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
/I. OPERATOR CERTIFIC	ATE OF	COMPI	TANO	~F	<u>                                     </u>			<u> </u>			
I hereby certify that the rules and regul	ations of the C	oil Conserva	stion		∥ C	IL CON	SERVA	TION DI	VISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					<u> </u>		ī	JUN 0 3	1001		
					Date	Approved		JUN O	ात्य ।	<del></del>	
K.M. Willer					D	<b>D</b>					
Signature K. M. Miller Div. Opers. Engr.					By Orig. Signed by Paul Kautz						
Printed Name Title					TitleGeologist						
May 7, 1991 915-688-4834									<del></del>		

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.

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.

MAY 2 3 1991