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

State of New Mexico ergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruct at Bottom of Page

Geologist

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator 30 025 20930 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 Change in Transporter of: New Well Dry Gas Oil Recompletion XChange in Operator If change of operator give name and address of previous operator

Texaco 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. Pool Name, Including Formation Well No. 244420 9 JUSTIS TUBB DRINKARD C C FRISTOE B FEDERAL NCT 2 FEDERAL Location _ Feet From The WEST Feet From The NORTH Line and 1650 852 Line Unit Letter Range 37E , NMPM, LEA 245 County 35 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co. or Condensate 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 or Dry Gas [P. O. Box 1492 El Paso, Texas 79978 El Paso Natural Gas Company Twp. Rge. Is gas actually connected? When? If well produces oil or liquids, UNKNOWN GĮ give location of tanks. 35 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded Too Oil/Gas Pay Name of Producing Formation Tubing Depth 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 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.) 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 Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION JUN 0 3 1991 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. Date Approved _ m. Willer Orig. Signed by By_ Paul Kautz

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

Signature

Date

Printed Nam

K. M. Miller

May 7, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

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.

RECEIVED

MAY 2 3 1991

OCO HOBBS OFFICE