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

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TRA	NSPORT O	L AND N	ATURAL G	AS				
Texaco Producing In	Well API No.									
Address	· ·				-		300252504	6		
P.O. Box 730, Hobbs	, NM 88	3240								
Reason(s) for Filing (Check proper box)					ther (Please expi					
New Well Recompletion			Transporter of:	2	how a	· ear Co	ennectu	in da	た	
Recompletion Change in Operator	Oil Casinghea	_	Dry Gas Condensate	70						
If change of operator give name	Canagnes	404	Condennie							
and address of previous operator			······································							
II. DESCRIPTION OF WELL	AND LEA									
Lease Name Well No. Pool Name, inch West Jal "B" Deep 1 West J							(ind of Lease No			
Location		1	west Ja	II Straw	n anno	J. State	, Federal or Fee	ļ F€	ee	
Unit Letter H	. 19	980	Feet From The _	North :	ne and 66	50 -		East		
17 25 0										
Section I / Townshi	i p 25-	-S	Range	36-E , N	імем,		Lea		County	
III. DESIGNATION OF TRAN	ISPORTE	R OF OU	I AND NATE	TDAL CAS						
Name of Authorized Transporter of Oil	- CKIL	or Condens				hich approved	i copy of this form	is to be sen	<u>, , , , , , , , , , , , , , , , , , , </u>	
Texaco Trading & Tra		tion	<u> </u>	P.O.	Box 6196,	Midlar	nd, TX 79	711	,,	
Name of Authonzed Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	P.O. Box 1492, El Paso, TX 79978									
give location of tanks.	Unait	•	Twp. Rge. 25S 36E	is gas actual	l y connected ? Yes	Wher	02 - 07-90			
If this production is commingled with that	from any other	r lease or po	ool, give comming	ing order nur	iber:		02 07 90			
IV. COMPLETION DATA		1								
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
				Top Oil Gas Pay Tubics Death						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
Perforations							Dorth Corine St			
							Depth Casing Si	106		
	CEMENTING RECORD									
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
				ļ						
	1			<u> </u>						
/ mr.am b										
V. TEST DATA AND REQUES OIL WELL Test must be often re										
OIL WELL (Test must be often re Date First New Oil Run To Tank	Date of Test	u volume of	load oil and must	Producing M	exceed top allow	wable for this	depih or be for fi	il 24 hours.)	
					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Press	aure .		Casing Press	ire		Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Con MCS			
				AMEL - DOIN			Gas- MCF			
GAS WELL							!	,		
Actual Prod. Test - MCF/D	Length of Te	st		Bbls. Condensate/MMCF Gravity of Condensate						
esting Method (puot, back pr.) Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size			
/I OPERATOR CERTIFIC	TT OF	201 (DI								
/I. OPERATOR CERTIFICATION I hereby certify that the rules and regular					DIL CON	SERVA	ATION DIN	/ISION	J	
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 MAR 0 2 1990						
Ja How				II						
Signature				By Eddie W. Seay Oil & Gas Inspector						
J. A. Head Area Manager Printed Name Title										
02/21/90	(93-7191	Title_						
Date		Telepho								

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 austriply completed wells.

RECEIVED

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OCD HOBBS OFFICE