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

## State of New Mexico 2 agy, Minerals and Natural Resources Departm.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 REQUEST FOR ALLOWABLE AND AUTHORIZATION 1000 Rio Brazos Rd., Aziec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS T. Well API No. 30 025 30228 Texaco Exploration and Production Inc. Address 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 Recompletion Oil Casinghead Gas Condensate XChange in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Pool Name, Including Formation Well No. 172010 DOLLARHIDE TUBB DRINKARD WEST DOLLARHIDE DRINKARD UNIT 92 STATE Location Feet From The NORTH Line and 1460 Feet From The WEST 1585 Line Unit Letter Section 32 245 Range 38E , NMPM, LEA County 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 or Condensate 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 P. O. Box 1492 El Paso, Texas 79978 El Paso Natural Gas Company is gas actually connected? Twp. 245 Rge. 38E When? If well produces oil or liquids, Unit Sec. DL 32 YES 05/09/89 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **DEPTH SET** 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 Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bois. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation JUN 0 3 1991 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 \_ Orig. Signed by Geologist By\_\_ Signature

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

K. M. Miller

May 2, 1991

Printed Name

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.

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.

