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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 17410

DISTRICT II P.O. Drawer DD, Arlesia, NM 88:110

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Texaco Exploration and Production Inc.								30 025 30826				
Address							30	025 3082	5 			
P. O. Box 730 Hobbs, Ne	w Movie		0.050									
Reason(s) for Filing (Check proper box)	W MEXIC	0 8824	0-252	:0	X Ou	er (Please expl	laies					
New Well	EFFECTIVE JANUARY, 1992											
Recompletion	Oil	Change i	Dry C	_			,					
Change in Operator	Casinghes	d Gas 🗵										
If change of operator give name and address of previous operator					-			**************************************				
II. DESCRIPTION OF WELL	AND LE	ASE								•		
Lease Name Well No. Pool Name, Include					ing Formation			Y Lease Lease No.				
WEST DOLLARHIDE DRINKARD UNIT 104 DOLLARHID					TUBB DRINKARD			ATE B-9613		13		
Location												
Unit Letter	_ :2541	1	_ Foot Fi	rom The S	DUTH Lie	e and	<u>0 </u>	et From The	EAST	Line		
Section 32 Townsh	ip 2	48	Range	38E	, N	мрм,		LEA		County		
III. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	6 7	or Conde				e address to w	hick approved	copy of this fo	rm is to be s	ent)		
	Texas New Mexico Pipeline C						P.O. Box 2528 Hobbs, NM 88240					
Name of Authorized Transporter of Casis	Address (Give address to which approved copy of this form is to be sent)											
TEPI / Sid						P.O. Box 3000 Tulsa, OK			74102 / P.O. Box 1126 Jal,			
If well produces oil or liquids, give location of tanks.	Unit Sec. D 32		Twp.	Rge.	YES		Whea	Whea ? 01-17-92				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	ve comming	ling order num	ber:						
Designate Type of Completion	~	Oil Well	1 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
		1			Total Depth	<u> </u>	<u></u>	Ļl		<u> </u>		
Date Spudded	Date Comp	x. Ready u	0 P700.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations					<u> </u>	<u> </u>			Depth Casing Shoe			
				•				Jopan Camana	,			
	T	UBING.	CASIR	NG AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE CASING & TUE					DEPTH SET			SACKS CEMENT				
U moon barra and booking			A DE V		L		·]		 		
V. TEST DATA AND REQUES OIL WELL (Test must be after a				.9 4						. 1		
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Tes		oj 1000 o	u ana musi					r full 24 hou	78.)		
	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
								C MCE				
Actual Proxl. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL									•			
Actual Proxl. Test - MCF/D	Length of T	est			Bbls. Condens	iate/MMCF	····	Gravity of Co	odensale			
								, and the second				
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
M ODED ATOD CEDTIERO	ATE OF	COL	TANT	CE				I	·	<u> </u>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						IL CON	SERVA	ATION D	IVISIO	N		
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 l					Date	Approved	4					
					ا	, 4pr 0 v 0 C						
- CDK phuson					Bv_	Dania in	The second secon	- 1 ** 513				
Signature L.W. Johnson Engr. Asst.					Jy	W. 16.						
Printed Name 02-14-92	· · · · · · · · · · · · · · · · · · ·	(EAF) (Title		Title							
02-14-92 Date		(505) 3	393-7 phone No									

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 multiply completed wells.