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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 Brazos Rd., Azzec, NIM \$7410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

**		IO IN	VINO	PORT		. AND IV	HUNAL	2A3						
Operator Texaco Exploration and Production Inc.										API No.	_			
Address							30				0 025 30827			
P. O. Box 730 Hobbs, Ne	w Mexico	8824	0-2	528										
Reason(s) for Filing (Check proper box)						X o	ner (Please ex	plain)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		_	
New Well	EFFECTIVE JANUARY, 1992													
Recompletion	Oii	57	. •	Gas L										
Change in Operator	Casinghese	Gas Z	Con	dimente _									_	
If change of operator give name and address of previous operator						 						· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEA	SE		•								•		
Lease Name Well No. Pool Name, Inci-						ding Formation TUBB DRINKARD			State,	Cind of Lease No. Rate, Federal or Fee B-9613			_	
Location	ordi.		100			ODD DITH	MID	J	STAT	E			_	
Unit Letter K	:1347	-	_ Foot	From The	SO	UTH Lis	e and137	73	F	et From The \(\frac{1}{2}\)	VEST	Line		
Section 32 Townshi	p 24	s	Ran	88E		,N	мрм,	·		LEA	-	County	_	
III. DESIGNATION OF TRAN				ND NAT	TUE			····		····				
Name of Authorized Transporter of Oil Texas New Mexico Pipeline		or Conde	assic		- 1	Address (Gi				copy of this fo				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P.O. Box 2528 Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)								
TEPI / Sid I	u v	.y Cas _[۱ ۲	P.O. Box 3000 Tulsa, OK				74102 / P.O. Box 1126 Jal,						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. D 32 24				- 1					When ? 01-17-92				
If this production is commingled with that	from any othe	r lease or	pool,	give comm	ingli	ng order num	ber:		· · · · · · · · · · · · · · · · · · ·				_	
IV. COMPLETION DATA		Oil Well		Gas Well		New Well	Workover	Dec		Plug Back	Cama Daaki	Diff Res'v	_	
Designate Type of Completion	- (X)		i i	OLD WELL	i	New Well	WOLLOVE!	500	pen	i Ling Brek i	Pathe Ker A	pan kerv		
Date Spudded Date Compl.			Ready to Prod.			Total Depth				P.B.T.D.	·		_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					十	Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe				
			~							<u> </u>			┛	
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					DC	EMENTI					1040 051		4	
HOLE SIZE CASING & TUBING SIZE					\dashv	DEPTH SET				SACKS CEMENT				
					+	·····	 						┪	
												<u> </u>	٦	
													╛	
V. TEST DATA AND REQUES												_		
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Test		of loa	d oil and m			exceed top all whod (Flow, p				r full 24 hou	os.)	7	
Date PHR 1464 Off Rule 10 1404	Date of Tell					LIOUNCING IVE	and (r.tow, p	wy, zw	191, 1	<i>L.</i> ,				
Length of Test						Casing Pressure Water - Bbls.			Choke Size Gas- MCF				٦	
Actual Prod. During Test														
GAS WELL										I			L	
Actual Prod. Test - MCF/D						Bbis. Condensate/MMCF				Gravity of Condennate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				(Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION								
is true and complete to the best of my k				•		Date	Approve	ed					_	
Juk Jalusan						By_		<u>ಹಿ</u> ದರ್ಗ		alan en e	****			
Signature L.W. Johnson Engr. Asst.						DOMEST ESTORESTON								
Printed Name Title 02-14-92 (505) 393-7191						Title								

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

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

Telephone Ivo.

- 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.