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

State of New Mexico Emergy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSF	PORT OIL	L AND N	ATURAL GA					
Operator Texaco Exploration and Production Inc.							Well API No. 30 025 09641				
Address P. O. Box 730 Hobbs, Ne	w Mexico	88240	1_25	28					· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper box)	W WCXICO	00240	<u> </u>	20	X o	ther (Please expla	iùs)				
New Well	(Change in	Trans	porter of:		FFECTIVE 6	•				
Recompletion	Oil		Dry C								
Change in Operator	Casinghead	Gas 🗀		ensate							
If change of granter give name	co Produc			P. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-252	28		
II. DESCRIPTION OF WELL	ANDIFA	CF.		· ·							
Lease Name		Well No.	Pool i	Name Includ	ing Egymetics		Kind	of Lease	Lease	Ma	
COOPER JAL UNIT	Well No. Pool Name, Including Formation 135 JALMAT TANSILL YATES SEV						Conta	Crate Federal on Fee			
Location Unit Letter O	:990		. Feet 1	From The SC	OUTH L	ine and1980). Re	et From The EA	ST	Line	
Section 24 Township 24S Range 36E					154					County	
III DECICNATION OF TRAN	CDADTED	OFO									
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		TO NATU		ive address to wh		copy of this form			
Shell Pipeline Corporation — —						P. O. Box 2648 Houston, Texas 77252					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978						
If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge. 24 245 36E		T			When ? UNKNOWN					
If this production is commingled with that (from any other				ing order nur			ONNIY	OWN	لـــــــل	
IV. COMPLETION DATA									_		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v Di	ff Res'v	
Date Spudded Date Compi. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
								Depth Casing St	ioe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASI	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR AL	LOWA	RIF		<u> </u>		·				
					be equal to o	r exceed too allow	wahle for this	denth or he for fi	ill 24 hours)		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test											
rengin or rest	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL					<u> </u>			<u> </u>	.		
Actual Prod. Test - MCF/D	Length of Tes	st.			Bbis. Conde	nsate/MMCF		Gravity of Conde	nsale		
Cesting Method (pites, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	TE OF C	OMPI	LIAN	NCE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
7.M. Miller					Date Approved						
Signature K. M. Miller Div. Opers. Engr.					By Office State St						
Printed Name Title April 25, 1991 915–688–4834					Title		Sister		2R		
Date			bone N								

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.