Submit 5 copies to Appropriate District Office

DISTRICT | P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

rgy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104

Revised 1-1-89 See Instructions

at Bottom of Page

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	•		TO TR	RANSP	ORT OIL AN	ID NATURAL	.GAS					
Operator TEXACO EXPLORATION & PRODUCTION INC								M	Well API No. 30 025 09643			
Address P.O. BOX 730	, новвя	S, NM 88240										
New Well		Change in Tran	sporter of				o	ther (Please e	explain)			
Recompletion	\boxtimes	Oil			Dry Gas							
Change in Operator Casinghead Gas Con					Condensat	• 🗌						
If change of operator give name and	l address	7.0			176744							
of previous operator												
II. DESCRIPTION OF WEL	L AND L	EASE										
Lease Name W				Well No. Pool Name, Including Formation				Kind	Kind of Lease State, Federal or Fee Lease No.			
COOPER JAL UNIT			130	Ja	lmat Tansill Ya	ites 7 Rivers		FE	E		141560	
Location Unit Letter	ĸ	. 16	50	East E	rom The	OUTH Line	e and <u>1650</u>	East	From The V	WEST I	i	
											.ine	
Section		10	wnship_	245		Range	36E	_ NMPM _		LEA CC	YTAUC	
III. DESIGNATION OF TRA	NSPOR'	TER OF OIL	AND NAT	URAL	GAS							
Name of Authorized Transporte		Oil				Address (Give	address to wh	nich annroved	come of this for	m is to be sent		
Shell Pipeline Co						Address (Give address to which approved copy of this form is to be sent) PO Box 2648, Houston, TX 77252						
Name of Authorized Transporter of Casinghead Gas Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Texaco E & P Inc / Sid Richardson C & G Co						PO Box 3000, Tulsa, OK 74102 / PO Box 1226, Jal, NM 88252						
					Rge. 36E	Is gas actually connected? When?						
If this production is commingle	d with tha	t from any othe	<u> </u>			1	·	L	11/2/	93		
IV. COMPLETION DATA						g	·					
Designate Type of Completion - (X)			Oil W		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl	<u>, </u>			Total Depth	I	<u> </u>	P.B.T.D	<u>L</u>	×	
levations (DF, RKB, RT, GR, etc.) 11/15/93 Name of Producing Formation						Top Oil/Gas	3550 Bay	71	ļ <u>.</u>	3395		
3329 KB Jalmat						3046			Tubing Depth	Tubing Depth 3299		
Perforations 3046-3174									Depth Casing Shoe			
			TUBING	S. CA	SING AND	CEMENTIN	IG RECORI	D	1	3450		
HOLE SIZE						DEPTH SET			T	SACKS CEMENT		
11		8 5/8				280			150	150		
7 7/8	5 1/2				3470			300				
							772					
V. TEST DATA AND REQU												
OIL WELL (Test mus	st be afte			ne of lo	ad oil and mu					or be a full 24 h	iours.)	
Date First New Oil Run To Tani 11/18/93	First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.) Pump					
ength of Test		Tubing Pressure				Casing Press	ure		Choke Size			
12/21/93 Actual Prod. During Test		Oil - Bbls.				Water - Bbls.			Gas - MCF	Gas - MCF		
		61				179			24			
GAS WELL												
Actual Prod. Test - MCF/D		Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLIANC	E			<u> </u>		· · · · · · · · · · · · · · · · · · ·				
I hereby certify that the rules and re Division have been complied with a is true and complete to the best of	and that the	information giver	ation n above				OIL CO	ONSER	ATION [DIVISION		
The Johnson	, AIIOTIIO	-go and polici,							FEB 48	1994		
Signature						Date Approved						
Larry W. Johnson Engr Asst												
Printed Name Title					By OMGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
			-0426			Title_			PERVISOR			
Date		Tele	phone No	o .	_	H						

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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

