Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbe, NM 88240	State of New Mexico Egy, Minerals and Natural Resources Departmen OIL CONSERVATION DIVISION							Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		i 1-1-89 tructions	
DISTRICT II P.O. Drawer DD, Anesia, NM \$\$210	P.O. Box 2088										
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM \$7410	BEO			•				J			
I. Operator						AUTURAL C	AS	LI API No.			
Texaco Exploration and Production Inc.						30			025 09644		
Address P. O. Box 730 Hobbs, Ne		o 8824	0 <u>-</u> 252	8							
Reason(s) for Filing (Check proper box) New Well		Change i	a Traano	rter of:		her (Please exp FFECTIVE	-	1			
Recompletion	Oil Casinghe	ad Gas 🕅	Dry Ga	. 🗆	_			•			
If change of operator give name and address of previous operator Texaso Phoducing Inc. P. O. Bex 730 Hebbs, New Mexico (88240-2528											
II. DESCRIPTION OF WELL AND LEASE											
Lesse Name Well No. Pool Name, Incl				-	•			Kind of Lease State, Federal or Fee		ease No.	
COOPER JAL UNIT		134	LANG	LIE MAT	TIX 7 RVR	S Q GRAYE	URG FEI				
Unit LetterN	_ :33(: 330 Feet From The SOUTH Line and 1650						Feet From The WEST Line			
Sections 24 Townsh	<u>ip 2</u>	45	Range	36E	<u>, N</u>	MPM,		LEA		County	
III. DESIGNATION OF TRAI	NSPORTE	r of o	IL ANI) NATU	RAL GAS						
Name of Authorized Transporter of Oil Shell Pipeline Corporation					Address (Gi	e address to w P. O. Box	which approve 2648 He	wed copy of this form is to be sent) louston, Texas 77252			
Name of Authorized Transporter of Casin Texaco Exploration	me of Authorized Transporter of Casinghead Gas [X] or Dry Gas [] Texaco Exploration and Production Inc.					Address (Give address to which appro					
If well produces oil or liquids, give location of tanks,	Unit J	Sec.	Twp.	Rge.	-	y connected?	Whe	and the second secon			
If this production is comminated with that from any other lease or pool, give commingling order number: $DHC^{\#}R_{-}5590$											
IV. COMPLETION DATA							~			•	
Designate Type of Completion		Oil Well	i	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth		. 4	P.B.T.D.		A	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	1	UBING.	CASIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
······································											
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					<u> </u>]	
OIL WELL (Test must be after r. Date First New Oil Rua To Tank	covery of so	al volume a	of load oil	and must	be equal to or	exceed top allo	wable for th	is depth or be for	full 24 hours	.)	
Date Firm New OII KUR 10 188K	Date of Ter	t			Producing Me	thod (Flow, pu	mp, gas lift,	eic.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	1			I		<u></u>					
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					- /						
VI. OPERATOR CERTIFICA I hereby certify that the rules and regula	ATE OF	COMPI		Æ	c	IL CON	SERV		VISIO	J	
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION						
					Date	Approvec	1	TERA A	·호 () ^	·	
Signature					By ORIGINAL SKRALED BY JERRY SEXTON						
L.W. JOHNSON Engr. Asst. Printed Name Title					LE COME E GENERALSOR						
04-14-92 Date	<u> </u>	(505) 3		91	Title_					······	
		rach									

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.