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

State of New Mexico

...crgy, Minerals and Natural Resources Departm.

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	_	TO TRA	ANSF	PORT	OIL	_ AND NA	TURALG					
Operator Texaco Exploration and Pro	aco Exploration and Production Inc. 30 025 09656											
Address P. O. Box 730 Hobbs, Nev	w Meyico	8824	0_25	28								
	N INCXIO	JULI	<u> </u>		_	XI Ou	her (Please exp	lain)	<del></del>			
New Well		Change in	Trans	porter of:	:		FFECTIVE 6	•				
Recompletion	Oil		Dry (	•		_						
Change in Operator	Casinghea	4 Gas 🗀		lensate								
If change of operator give name	co Produ				L.J. R∩	x 730	Hobbe No	w Movie	o 88240-	2500		
and actions of the same and a same and a same as a pre-same of the same and a same as		<del></del>	<u> </u>	<u> </u>	<u> </u>	X 730	HOUDS, NE	ew Mexico	0 88240-	<u> </u>	<del></del>	
II. DESCRIPTION OF WELL	AND LEA									<del> </del>		
Lease Name Well No. Pool Name, Includ COOPER JAL UNIT 241 JALMAT TAN						ing Formation SILL YATES SEVEN RIVER			Kind of Lease State, Federal or Fee 14		. <b>esse No.</b> 60	
Location	160	52)	10/12			Jorth		1650				
Unit Letter G	: 1986		_ Feet	From The	<u>\$6</u>	Lin			Feet From The	EAST	Line	
Section 25 Township	, NMPM, LEA County											
III. DESIGNATION OF TRAN	SPORTE	R OF O	TT. A)	ND NA	TTI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		· · · · · · · · · · · · · · · · · · ·	<u> U</u>	<del></del>	ve address to w	hich approve	d copy of this	form is to be a	ent)	
INJECTOR  INJECTOR  Address (Give address to which approved copy of this form is to be sent) INJECTOR												
						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	.	Rge.	is gas actual	ly connected?	Whe	a ?			
If this production is commingled with that f	rom any oth	er lease or	pool, g	give com	ningl	ing order nun	ber:		<del></del>			
IV. COMPLETION DATA	•				·				· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	- (X)	Oil Well		Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.			Total Depth	1	ــــــــــــــــــــــــــــــــــــــ	P.B.T.D.	l		
•	Ĺ <b></b>					l			r.b.t.b.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay Tubing Depth							
Perforations					Depth Casing Shoe							
	<u>T</u>	UBING.	CAS	ING A	ND	CEMENTI	NG RECOR	RD.		<del></del>		
HOLE SIZE							DEPTH SET		7	SACKS CEMENT		
									_			
									<del>                                     </del>			
	<del></del>					<del>                                     </del>			<del> </del>			
									<del> </del>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	Ξ		<del></del>	··					
OIL WELL (Test must be after re	covery of tol	al volume	of load	i oil and i	musi	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank								<u> </u>	<del></del>			
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbis	i		Gas- MCF			
GAS WELL		· · · · · · · · · · · · · · · · · · ·				L	·····		_1	•		
Actual Prod. Test - MCF/D	Length of T	est			_	Bbls. Conder	sate/MMCF		Gravity of C	ondenesta		
									Olavily of C	ANGE UNITE		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAI	NCE		<u></u>	_					
I hereby certify that the rules and regulations of the Oil Conservation							DIL CON	<b>ISERV</b>	ATION I	DIVISIO	N	
Division have been complied with and that the information given above						]	•	•				
is true and complete to the best of my kr						Date	Approve	d	UNO 3	1991		
2/m. Willer												
Signature  K. M. Miller  Div. Opers. Engr.					By ORIGINAL MOSES PARTON:  Title							
Printed Name			Title		-	Title				- NON		
April 25, 1991 915–688–4834						וויסיווי						

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 No.

- 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.

**NECESTAL** 

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