Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1930, Hobbs, NM 88240

State of New Mexico Emergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Texaco Exploration and Production Inc.								025 09657			
Address P. O. Box 730 Hobbs, Ne	w Mexico	0 8824	0-252	R		- 1014					
Reason(s) for Filing (Check proper box)		0 0027	0-202	<u> </u>	X Out	et (Please expl	ain)				
New Well Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion X	Oil		Dry Ga								
The second secon	Casinghea	ad Gas	Conden	sate [·- · · · · · · · · · · · · · · · · · ·					
If change of operator give name and address of previous operator Texa	co Prodi	ucing In	c. I	P. O. Bo	x 730	Hobbs, Ne	w Mexico	88240-2	2528		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name COOPER JAL UNIT					ting Formation Kind State, ISILL YATES SEVEN RIVER FEE			of Lease No. Federal or Fee 141560			
Location		<u> </u>	1			O OLVERY III	VEIT I FEE				
Unit LetterC	:840)	_ Feet Fro	om The NO	ORTH Lin	e and	<u> </u>	et From The	WEST	Line	
Section 25 Township 24S Range 36E , NMPM,								LEA County			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Or Condensate Address (Give address to wh							nich approved copy of this form is to be sent)				
1. 0. DOX 2040 11								ouston, Texas 77252			
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.	Unit Sec. Twp. Rge. J 24 248 36E				YES	When	7 UNKNOWN				
If this production is commingled with that it. IV. COMPLETION DATA	from any oth	er lease or	pool, give	e comming!	ing order numi	ber:					
Designate Type of Completion	(X) Oil Well Gas		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Reav		
Date Spudded		Compl. Ready to Prod.			Total Depth	<u></u>	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Data Name of Park in Francis				Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					- op on one ray			Tubing Depth			
Perforations								Depth Casing Shoe			
		TIDDIC	CACDI	(C. 4) TD.	OE) (E) may	10 55005		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE						<u> </u>				
NOCE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						· ·· <u> </u>					
											
											
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank			of load oil	l and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hour	s.)	
Determinent on Roll 10 Jane	Date of Tes	ž.			Producing Me	thod (Flow, pur	np, gas lýt, e	(c.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
											
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFICA	TE OF		TART	_							
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						IL CON	SERVA	TION F	NIVISIO	N	
Division have been complied with and that the information given above				JUN 0 3 1991							
is true and complete to the best of my kn	owledge and	1 belief.			Date	Approved	1	aniin	୍ର ।ସଧ୍ ।		
- 7m Miller)										
Signature K. M. Miller Div. Opers. Engr.					By	man na a a a a a a a a a a a a a a a a a	esa di Tili. Mada ayayayi		SEXTON		
Printed Name			Title		Title_	•					
April 25, 1991 Date			88-483 hone No.	34	''						

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.

MAY 2 3 100