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

State of New Mexico Energy, Minerals and Natural Resources :

utment

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRA	NSPC	ORT OIL	AND NA	FURAL GA		60.00			
Operation								API Na 2509701 <del>00\$</del> 1			
Address											
2401 Fountain View Dr., Suite 700, Houston, TX 77057   Reason(s) for Filing (Check proper box)   Other (Please explain)											
New Well Change in Transporter of: Clearing out tank hattery											
Recompletion	Oil Dry Gas (Estimated 150 Bb1s)								· 6	1000	
Change in Operator Casinghead Gas Condensate (Estimated 150 Bbls)  Sept 1962  If change of operator give name											
and address of previous operator									<del></del>		
II. DESCRIPTION OF WELL AND LEASE    Lease Name											
I.B. Ogg /	Well No.   Pool Name, Including Formation 2						XXX.	XXX Federal 2000 NMLC032618B			
Location  Unit Letter B : 600 Feet From The North Line and 1980 Feet From The East Line											
Section 35 Township	0.40 TCD T								County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of thus form is to be sent)  Texaco Trading & Transportation Inc.  P. O. Box 5568, Denver, CO 80217											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form a to be sent)											
										· · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids, give location of tanks.	Unit  :	Sec.	Twp.	Rge.	is gas actually	connected?	When	7			
If this production is commingled with that f	rom any othe	r lease or	pool, giv	comming	ing order numb	er.					
IV. COMPLETION DATA	<del> </del>	Oil Well		ias Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)				1						
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Ges Pay			Tubing Depth			
Perforstions		Depth Casing Shoe									
	TUBING, CASING AND				CEMENTI	NG RECOR	D	·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<del></del> -			
V. TEST DATA AND REQUES	TEODA	LLOW	ADIE								
OIL WELL (Test must be after n				il and must	be equal to or	exceed top allo	mable for thi	t depth or be	for full 24 how	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Caring Press	ure —		Choke Size			
Actual Prod. During Test	Oil - Bble				Water - Bbls			Gas- MCF			
	Oil - Bor			Water - Boxe							
GAS WELL				•							
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE											
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 is true and complete to the best of my knowledge and beijef.					92° 92 TOO						
N						Approve	d				
Signature Custing					By ORIGINAL SIGNED BY JERRY SEXTON						
Theresa Overturf Engineering Tech.					DISTRIGT I SUPERVISOR						
Printed Name Title 10/16/92 (713) 780-1952											
Due		<del></del>	ephone 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.