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

State of New Mexico ergy, Minerals and Natural Resources Departm.

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

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

P.O. Box 2088

OIL CONSERVATION DIVISION Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	ANSPO	OTRO	IL AND N	ATURAL C	SAS	•			
Operator Tevaco Exploration and	Donal and							API No.			
Texaco Exploration and		30 025 11040									
P. O. Box 730 Hobbs,	NM 00044	0700									
Reason(s) for Filing (Check proper b	NM 88241-	-0730			VI ~	S (D)					
New Well	,	Change in	Transpor	ter of		her (Please exp					
Recompletion	Oil	Change in Transporter of: Eff.4-1-91 return oper to TPI, change to Oil Dry Gas an error. TPI name changed to TEPI 6-1-9								to Sirgo	
Change in Operator X	Casinghe	nd Gas 🔲	Conden				· ····································	manged to 1	EPI 0-	1-91	
If change of operator give name and address of previous operator	rgo Operati	na. Inc.	P. O.	Box 3	531 Midu	and TV 7	0700				
			· · · · ·	DOX U.	JO I MIGIE	and, TX 7	9702				
II. DESCRIPTION OF WE	LL AND LE										
MYCDO I ANOLIE ALLEMAN WEIL NO. POOL Name, Inc								of Lease Federal or Fee	1	Lease No.	
Location	<u> </u>	230	LANGE	JE MAI	IIX / RVR	S Q GRAYB	URG FEE		<u> </u>		
Unit LetterJ	:1980	<u> </u>	Feet From	m The S	OUTH LIE	e and198	<u>о</u> г	eet From The EA	ST	Line	
Section 7 Tow	, NMPM, LEA County										
III. DESIGNATION OF TR Name of Authorized Transporter of O	11	R OF OI	L AND	NATU	RAL GAS						
Texas New Mexico Pipelin	e c 🗵				Audress (Gh	e <i>eadress to w</i> 1670 Bross	Nich approved	copy of this form	is to be se	eni)	
Name of Authorized Transporter of Ca	singhead Gas	[X]	or Dry G	28 🗀	Address (Giv	e address to	way Del	over, Colorad	0 8020)2	
El Paso Natu		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 G				Is gas actually connected? YES			/hen ?			
If this production is commingled with the	hat from any other	er lease or p		37E	ing order numl) EO		UNKN	OWN		
IV. COMPLETION DATA						~			 -		
Designate Type of Completic	on - (X)	Oil Well	Gai	Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Ready to I	o Prod.		Total Depth		<u></u>	P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
HOLE SIZE					CEMENTING RECORD						
HOLE SIZE	CASI	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		-								·	
. TEST DATA AND REQUI	ST FOR AL	LOWAR	LE					l			
IL WELL (Test must be after tale First New Oil Run To Tank	recovery of total	l volume of	load oil a	nd must b	e equal to or e	xceed top allow	vable for this	depth or be for fu	124 hours	r.)	
THE PARK OF AND TO LEFT	Date of Test	e of Test				Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Press	Nubing Pressure				;		Choke Size			
ctual Prod. During Test	Oil - Bbis.	Dil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL									.		
ctual Prod. Test - MCF/D	Length of Tea	ıt .		1	Bbls. Condensa	te/MMCF		Gravity of Conden	sale		
dies Mathed Color Seek al									• 1 2 3 3 3 3 3		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFIC	CATE OF C	OMPLI	ANCE	3							
I hereby certify that the rules and regu Division have been complied with and	lations of the Oil that the informs	Conservation given a	ne		O	IL CONS	SERVA	TION DIV		4	
is true and complete to the best of my	knowledge and b	elief.		\mathbb{H}	Date A	Approved					
Ja Heas						441046U					
Signature					By						
J. A. Head Area Manager Printed Name Title August 23, 1991 505/393-7191					Title						
Date		505/393 Telephor		-	1 7510						

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.