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

## State of New Mexico rgy, Minerals and Natural Resources Departm

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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	7	OTRA	NSPC	RT OIL	. AND NA	TURAL GA					
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 11045					
Address P. O. Box 730 Hobbs, NM 88241-0730											
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Change in Operator  Casinghead Gas  Condensate   Condensate											
If change of operator give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name Well No. Pool Name, Include								of Lease Federal or Fee NM037667 RAI			
Location  Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line											
_	7 040 075					, NMPM,			LEA 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 this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
El Paso Natural Gas Company  If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actuall		When	<del></del>			
give location of tanks.	G	5	245	37E	, ,	YES			KNOWN		
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or p	ool, give	comming	ing order numl	ber:					
Designate Type of Completion - (X)		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Data Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE						DEPTH SET			SACKS CEMENT		
			<del></del>	i	··	·					
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				· - · · · · · · · · · · · · · · · · · ·				
OIL WELL (Test must be after re	covery of low	al volume o		and must					or full 24 hour	s.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL								· · · · · · · · · · · · · · · · · · ·	•	<del></del>	
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	LIANC	CE		\!\	1055111	·	>n // C: C		
I hereby certify that the rules and regulations of the Oil Conservation						DIL CON	SERVA	AHONL	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 2 7 1991						
Da Heal					ŀ						
Signature J. A. Head Area Manager							<.;				
Printed Name Title August 23, 1991 505/393-7191					Title.						
Date		Telepl	hone No.		1						

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.