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

State of New Mexico ergy, Minerals and Natural Resources Departs

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
TO TRANSPORT OIL AND NATURAL GAS

4.		10111/	1110	<u> </u>	I I OIL	- AND INA	TOTICE OF						
Operator Teyaco Exploration and Production Inc.									Well API No.				
Texaco Exploration and Production Inc.									30 025 11056				
Address P. O. Box 730 Hobbs, NM	1 00044	0790											
P. O. Box 730 Hobbs, NN Reason(s) for Filing (Check proper box)		-0730				X Oth	es (Please expl	ain)					
New Well Change in Transporter of: Eff.4-1-91 return oper to TPI, change to Sire											o Sirao		
Recompletion	Oil Dry Gas an error. TPI name changed to TEPI 6-1-91										-91		
Change in Operator												•	
If above of anomine also some	o Operati					31 Midla	nd, TX 79	702					
II. DESCRIPTION OF WELL	AND LE		1					1 32.					
Lease Name	.	1			-	ing Formation TIX 7 RVRS Q GRAYBURG			d of Lease e, Federal or l	Fee	լ և	ease No.	
MYERS LANGLIE MATTIX U	INII	248	LA	VGL	E MAI	IIX / RVR	S Q GRAYBI	URG FEE			L		
Location M	660	3		_	_ sc	HITH	660	١.		\A/E	-e-		
Unit Letter	-:	: 660 Feet From The SOUTH Line and 660 Feet From The WEST								Line			
Section 8 Towns	nin 2	24S Range 37E				, NMPM,			LEA County			County	
Jecuta 10was	114		avan)	·	· · · · · · · · · · · · · · · · · · ·	1 4 74	788 1789				·	County	
III. DESIGNATION OF TRA	RAL 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 or Dry Gas 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	Unit Sec. Twp. Rge				le gas actually	n 7	, 7					
If this production is commingled with the	t from any ot	her lease or	pool.	pive (comminel	ing order numl	xer:						
IV. COMPLETION DATA			pout,		· · · · · · · · · · · · · · · · · · ·				`				
Designate Type of Completion	1 - (X)	Oil Well	Ţ	Gai	Well	New Well	Workover	Deepen	Plug Bac	k Sar	me Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to I			· · · -	Total Depth		1	P.B.T.D.	_L_		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations									Depth Car	ting St	noe		
	•	TUBING,	CAS	INC	AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
													
W COOCO DAMA AND DECLU	CT FOR	TT OWN				<u> </u>							
V. TEST DATA AND REQUE OIL WELL Test must be after					ad	La aqual ta an	amakad tan all	ahla fan si	الماسمة المسالة على	- f f	L.H 24 L	1	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of toal	2 04	ana musi					e jor j	ull 24 hour	· s.)	
Date First New Oil Ruit 10 1stik		Producing Method (Flow, pump, gas lift, etc.)											
eagth of Test Tubing Pressure					····	Casing Pressu	Choke Siz	Choke Size					
						_							
Actual Prod. During Test Oil - Bbls.						Water - Bbls.		Gas- MCF					
						l <u></u>							
GAS WELL											•		
Actual Prod. Test - MCF/D	Length of	Test		_		Bols. Condens	nate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of	Cond	ensate		
Total Data I () and a late of the late of						Contra Position (Short In)			<u> </u>				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NC	E								
I hereby certify that the rules and regu				_ • •			DIL CON	ISERV	'ATION	Dľ	VISIO	N	
Division have been complied with and that the information given above													
is true and complete to the best of my	knowledge at	nd belief.				Date	Approve	d		<i>(</i>	ege i		
0.11							٠ - ١٥٠ - ١٥٠						
ya Naac						By GREDIN SERVED BY (SOON BENNAM							
Signature J. A. Head Area Manager						By <u>GRADINAL SIGNED BY JERRY SEXTON</u> DISTRICT I SUPERVISOR							
Printed Name			Title			Title_							
August 23, 1991	· · · · · · · · · · · · · · · · · · ·	505/3			1	'''''		····					
Date		Telep	phone	No.		11							

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.

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- 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.