Submit 3 Copies
Appropriate District Office
DISTRICT I
2.0. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Danner DD, Astosia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Beans Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>.</u>		TOTA	ANSP	ORT OI	L AND NA	TURAL G					
Openior Texaco Exploration and Production Inc.						Well API No. 30 025 11088					
Address P. O. Box 730 Hobbs, NM	00044	0700	· · · · · · · · · · · · · · · · · · ·								
P. O. Box 730 Hobbs, NM Reason(s) for Filing (Check proper box)		0/30			X Ou	(D1	-2-1				
New Well		Change is	a Transco	viter of:	X Other (Please explain) EFFECTIVE 10-01-91						
Recompletion	Change in:Transporter of: EFFECTIVE 10-01-91 Oil Dry Gas										
Change in Operator		d Gas X	_								
If change of operator give name	- Cangina					·					
and address of previous operator II. DESCRIPTION OF WELL	ANDIE	A ST				*					
Lesse Name Well No. Poor				Pool Name, Including Formation			State	d of Lease No.			
MYERS LANGLIE MATTIX UI	LIE MAT	ITTIV 7 DVDQ A ABAVBIINA I.			FEDERAL LC032339b						
Unit LetterJ	. 1980)	Feet Fre	om The S	OUTH Lie	e and1980	<u>) </u>	set From The	EAST	Line	
Section 10 Township 24S Range 37E					, NMPM,			LEA County			
III. DESIGNATION OF TRAN	NSPORTE	R OF O	IL ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202										
Name of Authorized Transporter of Casis Texaco Exploratio	Gas	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	Rge	P. O. Box 1137 Eunice, New Mexico 88231 is gas actually connected? When?					<u> 231 </u>				
give location of tanks.	Unit G	Sec. 5	Twp.	37E		YES	Whea	•	KNOWN		
if this production is commingled with that	from any other	er lease or	pool, give	e comming	ling order numi	ber:					
IV. COMPLETION DATA		Oil Well	T G	as Well	New Well	Workover	Deepen	Plug Back	Cama Bas'u	Diff Res'v	
Designate Type of Completion	- (X)	İ	i Ť				244	i ing bear	Serie Ker A	jan kerv	
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/Gas Pay			Tubing Depth			
Perforations	Depth Cas				ng Shoe						
								<u> </u>			
TUBING, CASING ANI											
HOLE SIZE CASING & TUB			IBING SI	NG SIZE DEPTH SET				SACKS CEMENT			
	 								<u>. </u>		
	 -										
									·		
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after n				l and must	be equal to or i	exceed too allo	wable for this	denth or he fo	e full 24 hour		
Date First New Oil Run To Tank		thod (Flow, pur			* juit 24 NOW!	5.)					
.eagth of Test	Tubing Pressure				Casing Pressur	TE ST		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF			
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T ODED ATOD CEDTIES	ATTE OF 1	701 m	7 4 3 7 6	717	r						
L OPERATOR CERTIFICATE OF COMPLIANCE						IL CON	SERVA	TION	NVICIOI	N I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						IL OOM		TION L		N	
is true and complete to the best of my knowledge and belief.						A	V D D	29'97			
-411. A A	_) Date	Approved	_ AFR	NU 34		*	
Signature Signature					BY ORIGINAL SIGNED BY RAY SMITH						
L.W. JOHNSON Engr. Asst.					SIELO REP. II						
April 16, 1992		505/3	litle 93 <u>—</u> 718	91	Title_						
Date		Telepl	home No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepenval 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.