Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Lingy, Minerals and Natural Resources Department

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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRANS	SPOR	RT OIL	AND NA	TURAL GA					
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 25949					
Address											
P. O. Box 730 Hobbs, NM Reason(s) for Filing (Check proper box)	88241-0	730			X Oth	er (Please expla	in)				
New Well	(hange in Tra	nsporte	r of:	Ef	f.4–1–91 r	eturn op	er to TPI,	change to	Sirgo	
Recompletion	Oil Dry Gas an error. TPI name changed to TEPI 6-1-91										
Change in Operator X	Casinghead	Gas 🗌 Co	ndensa	le 🗌		 					
If change of operator give name and address of previous operator Sirgo	Operating	, Inc. P	. O. E	30x 35	31 Midia	nd, TX 79	702	<u></u>			
II. DESCRIPTION OF WELL	AND LEAS	SE.									
Lease Name Well No. Pool Name, Includ					ng Formation Kind State, TIX 7 RVRS Q GRAYBURG FEE			of Lease Federal or Fe	Lease No. Federal or Fee		
Location Unit LetterJ	: 1980 Feet From The SOUTH Line and 1980 Feet From The EAST									Line	
Section 5 Townshi	, NMPM, LEA					County					
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	יבסו	or Condensate			Address (Giv	e address to wh	- •				
Texas New Mexico Pipeline C						1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					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.	G	G 5		Rge. 37E	Is gas actually connected? YES		When	When ? 08/10/78			
If this production is commingled with that	from any other	r lease or poo	d, give	commingl	ing order num	ber:					
IV. COMPLETION DATA	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion					Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
Date Spudded	Date Comp.	Date Compl. Ready to Prod.									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations	<u> </u>							Depth Casis	ng Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	OLE SIZE CASING & TUBING SIZE				DEPTH SET			_	SACKS CEMENT		
											
	 				 						
	 										
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE		ł.,						
OIL WELL (Test must be after t	ecovery of tole	al volume of l	load oil	and must	be equal to o	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						ethod (Flow, pr	ump, gas lift,	eic.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL	<u>. </u>				l						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Tosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPt '	TA NI/	TF	<u> </u>						
I hereby certify that the rules and regul Division have been complied with and	lations of the (Dil Conservati nation given:	aoi	دار		OIL CON	NSERV	ATION	DIVISION		
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	ed	-	•		
Signature () a Hear				·····	By_	1 6		· · · · · · · · · · · · · · · · · · ·	Professional Control		
J. A. Head Printed Name		Area Ma T 505/39	itle	1	Title						
August 23, 1991			one No								

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.