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

## State of New Mexico ...crgy, 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

1.	T	OTRA	NSPC	ORT OIL	_ AND NA	TURAL G						
Operator Texaco Exploration and Pro	Well API No. 30 025 27089											
Address P. O. Box 730 Hobbs, NM 88241-0730												
Reason(s) for Filing (Check proper box)					X Ou	er (Please expl	ain)	····		<del></del>		
New Well		Chanca is 1	Tenneno-	ter of:		•	•	or to TDI	<b>.</b>	- 0'		
F	Change in Transporter of: Eff.4-1-91 return oper to TPI, change to Sirgo											
Recompletion	Oil Dry Gas an error. TPI name changed to TEPI 6-1-91											
Change in Operator	Casinghead	Gas 🔲 (	Conden	rate 🔲								
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, Including Formation   Kind of Lease   Lease No.												
,					TIV 7 BVDS A CDAVBURA			tate, Federal or Fee NM7488		ease No. 88		
Location												
Unit Letter G	Feet From The NORTH Line and 1780						) F	Feet From The EAST Line				
Section 7 Township	, 24S <sub>Range</sub> 37E				, 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)												
INJECTOR												
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  INJECTOR										nt)		
If well produces oil or liquids, give location of tanks.	all produces oil or liquids, Unit Sec.		Twp. Rge.		Is gas actually connected?		When	1?				
If this production is commingled with that f	rom any other	r lease or po	ol, give	commingl	ing order numi	per:	4					
IV. COMPLETION DATA	-	•	_	_	-	<del></del>						
Designate Type of Completion -	· (X)	Oil Well	G	ıs Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Ready to P	rod.		Total Depth			P.B.T.D.	- <u></u>				
Elevations (DF, RKB, RT, GR, etc.)	c.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations		Depth Casing Shoe										
	CEMENTI	EMENTING RECORD										
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT				
TIGEL GIZE CAGING & TODING GIZE				<del></del>	<del></del> ,	DET THISET		SAONS CEMIENT				
								<del> </del>				
								<u> </u>				
V. TEST DATA AND REQUES	FOR AL	LOWAL	BLE									
OIL WELL (Test must be after rec				and must i	he equal to an	exceed top allo	unhla for thi	e dansk ar ha f	- 6.01 2.4 have	-1		
		· rotaine of							F Jul 24 holes	<u>.,                                    </u>		
Date First New Oil Rus 10 1888	To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	1 Prod. During Test Oil - Bbls.						<del></del>	Gas- MCF				
Oil - Bois.					Water - Bbls.							
GAS WELL							·····	<del>1</del>				
Actual Prod. Test - MCF/D	Length of Te	ei		<del></del>	Bbls. Condens	ate/MMCF	<del></del>	Gravity of Co	rodeneste.			
Patient Flott Feet - Michie					Bois. Condensate Whyteler			Gravity of Concessate				
Sesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
IN OPERATOR CONTRACTOR			· · · · ·	<del></del>			·····	<u> </u>		J		
VI. OPERATOR CERTIFICA				た		III CON	CEDV	ATION P	11/1010	A I		
I hereby certify that the rules and regulat	Ι	IL CON	OEK V		NAIPIO	N						
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.						Data Approved						
The state of the s						Date Approved						
An Hear												
Signature					By							
V J. A. Head Area Manager Printed Name Title					Title							
August 23, 1991 505/393-7191									<del></del>			
Date		Telepho	nne No	i	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.

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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.