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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Operator: Texaco, Inc.
Address: Box 2100 Denver, Colo. 80201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>H.J.Loe "B" Federal</u>	Well No. <u>2E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM014378</u>
Location Unit Letter <u>E</u> <u>1700</u> Feet From The <u>North</u> Line and <u>1050</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>29N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering Co. Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1899 Bloomfield, New Mexico 87413</u>
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>23</u> Twp. <u>29N</u> Rge. <u>12W</u>	Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>10-18-80</u>	Date Compl. Ready to Prod. <u>12-31-80</u>	Total Depth <u>6340</u>	P.B.T.D. <u>6310</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5671 KB</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6188</u>	Tubing Depth <u>6290</u>					
Perforations <u>6188 to 6290</u>			Depth Casing Shoe <u>6340</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4</u>	<u>8-5/8</u>	<u>501</u>	<u>450</u>					
<u>7-7/8</u>	<u>4-1/2</u>	<u>6340</u>	<u>1350</u>					
	<u>DV @</u>	<u>3170</u>	<u>1200</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	FILED JAN 15 1981 OIL CON. COM. DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D <u>675 570</u>	Length of Test <u>3 hr.</u>	Bbls. Condensate/MMCF <u>--</u>	Gravity of Condensate <u>---</u>
Testing Method (pitot, back pr.) <u>back Press.</u>	Tubing Pressure (shut-in) <u>275</u>	Casing Pressure (shut-in) <u>575</u>	Choke Size <u>3/4"</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Alvin R. Moore
(Signature)
Field Foreman
(Title)
1-12-81
(Date)

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OIL CONSERVATION COMMISSION

MAR 4 1981

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.