

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Texaco Inc.

Address  
PO Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Re-entry
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE

Lease Name Federal (USA) "I"	Well No. 1	Pool Name, including Formation Lusk Delaware, West 24/100	Kind of Lease State, Federal or Fee Federal	Lease No. NM58935
Location				
Unit Letter A	: 660	Feet From The North	Line and 660	Feet From The East
Line of Section 31	Township 19S	Range 32E	NMPM.	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) PO Drawer 1267, Ponca City, OK 74603
If well produces oil or liquids, give location of tanks.	Unit P
Sec. 30	Twp. 19S
Rge. 32E	Is gas actually connected? Yes
	When December 8, 1987

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

CTB-331.

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

*[Signature]*

(Signature)

Hobbs Area Superintendent

(Title)

December 8, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 1987

BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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 deviated 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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resist. Diff. P.
		X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9/4/87	12/3/87		6981'		6862'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3553' DF 3539' GL	Delaware		6396'		6472'			
Perforations						Depth Casing Shoe		
2 JSPF: 6396'-6401' (6 feet, 12 holes)						6951'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17 1/2"		13 3/8"		896'		450 SX.		
11"		3 5/8"		3706'		1400 SX.		
7 5/8"		5 1/2"		6951'		1600 SX.		
		2 7/8"		6472'				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top 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.)	
12/3/87	12/3/87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	---	---	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	110	109	168

#### GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
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