

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator TEXACO PRODUCING INC  
Address P. O. BOX 728 HOBBS, NM 88240

Reason(s) for filing (Check proper box)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Casinthead Gas  
 Dry Gas  
 Condensate  
 Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-1-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name B.F. HARRISON 'B' 'TN' Well No. 1 Pool Name, including formation McLeague, Ellendurger, WIDEA, ELLENBERGER Kind of Lease FFE Lease No. 313721  
 Location  
 Unit Letter C ; 593 Feet From The NORTH Line and 1707 Feet From The WEST  
 Line of Section 9 Township 23 S Range 37 E , NMPM, LFA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
TEXACO TRADING AND TRANSPORTATION INC Address (Give address to which approved copy of this form is to be sent)  
P.O. BOX 5568 TA DENVER, COLORADO 80217  
 Name of Authorized Transporter of Casinthead Gas  or Dry Gas   
TEXACO PRODUCING INC Address (Give address to which approved copy of this form is to be sent)  
P.O. BOX 3000 TULSA, OK 74102  
 If well produces oil or liquids, give location of tanks. Unit C Sec. 9 Twp. 23 S Rge. 37 E Is gas actually connected? NO When \_\_\_\_\_

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

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.  
K.L. Johnson  
 (Signature)  
AREA SUPERINTENDENT  
 (Title)  
APR 28 1988  
 (Date)

OIL CONSERVATION DIVISION  
**MAY 2 - 1988**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 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 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-20-88	Date Compl. Ready to Prod. 3-27-88		Total Depth 10250		P.B.T.D. 10230			
Elevations (DF, RKB, RT, GR, etc.) 3332 K <sub>B</sub>	Name of Producing Formation WILDCAT, EULENBERGER		Top Oil/Gas Pay 10182		Tubing Depth 9935			
Perforations 10182-92, 10203-26					Depth Casing Shoe 10250			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		1180		1400			
12 1/4	9 5/8		3745		1950			
8 3/4	7		8'100		1125			
6 1/8	5" LINER		TOP 8601 RTM 10250		375			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load 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 3-25-88	Date of Test 3-27-88	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 270 PSI	Casing Pressure -	Choke Size 2 1/64"
Actual Prod. During Test	Oil-Bbls. 373	Water-Bbls. 7	Gas-MCF 270

GAS WELL

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