

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |
|------------------------|-----|
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| FILE                   |     |
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| LAND OFFICE            |     |
| 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 checked="" type="checkbox"/> New Well | Change in Transporter of:               | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas    | Other (Please explain)<br>Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM) |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/>     | <input type="checkbox"/> Condensate |   |
| <input type="checkbox"/> Change in Ownership |   |                              |                                     |   |

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

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |   |                       |
|---|---------------|---|---|-----------------------|
| Lease Name<br>S. A. Bowman Federal  | Well No.<br>4 | Pool Name, including Formation<br>Lusk Delaware, West | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>LC-06358 |
| Location<br>Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1659</u> Feet From The <u>West</u> |               |   |   |                       |
| Line of Section <u>29</u> Township <u>19S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/><br>Texaco Trading & Transportation Inc. | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 6196, Midland, Texas 79711 |            |             |             |                                  |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>  | Address (Give address to which approved copy of this form is to be sent)                                      |            |             |             |                                  |      |
| If well produces oil or liquids, give location of tanks.   | Unit<br>N   | Sec.<br>29 | Twp.<br>19S | Rge.<br>32E | Is gas actually connected?<br>No | When |

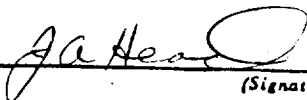
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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.

397-3571



(Signature)

Hobbs Area Superintendent

(Title)

February 3, 1988

(Date)

OIL CONSERVATION DIVISION

FEB 16 1988

APPROVED \_\_\_\_\_, 1988

BY Paul Kautz  
Geologist

TITLE \_\_\_\_\_

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<br>X                                      | Gas Well             | New Well<br>X            | Workover | Deepen            | Plug Back             | Same Res'v. | Diff. Res |  |
| Date Spudded<br>12/8/88                                  | Date Compl. Ready to Prod.<br>1/24/88 |  | Total Depth<br>6850' |                          |          | P.B.T.D.<br>6650' |                       |             |           |  |
| Elevations (DF, RKB, RT, GR, etc.)<br>3564' KB, 3552' GR |                                       | Name of Producing Formation<br>Lusk Delaware, West |                      | Top Oil/Gas Pay<br>6428' |          |                   | Tubing Depth<br>6487' |             |           |  |
| Perforations<br>6428'-6439' (2 JSPF, 24 Holes)           |                                       |  |                      |                          |          |                   | Depth Casing Shoe     |             |           |  |
| <b>TUBING, CASING, AND CEMENTING RECORD</b>              |                                       |  |                      |                          |          |                   |                       |             |           |  |
| HOLE SIZE  | CASING & TUBING SIZE                  |  |                      | DEPTH SET                |          | SACKS CEMENT      |                       |             |           |  |
| 14 3/4"  | 11 3/4"                               |  |                      | 928'                     |          | 1000              |                       |             |           |  |
| 11"  | 8 5/8"                                |  |                      | 3842'                    |          | 1800              |                       |             |           |  |
| 7 7/8"   | 5 1/2"                                |  |                      | 6850'                    |          | 1750              |                       |             |           |  |
|  | 2 7/8"                                |  |                      | 6487'                    |          |                   |                       |             |           |  |

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<br>1/2/88 | Date of Test<br>1/24/88 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                   |  |
| Length of Test<br>24 hours                | Tubing Pressure<br>---  | Casing Pressure<br>---                                   | Choke Size<br>--- |  |
| Actual Prod. During Test                  | Oil - Bbls.<br>115      | Water - Bbls.<br>8                                       | Gas - MCF<br>88   |  |

GAS WELL

|                                  |                           |                           |  |
|----------------------------------|---------------------------|---------------------------|--|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate<br>39.8 <sup>o</sup> |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size                                 |

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

(See other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

LC-063586

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

S. A. Bowman Federal

9. WELL NO

4

10. FIELD AND POOL, OR WILDCAT

Lusk Delaware, West

11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 29, 19S, 32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG \***

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP EN  PLUG BACK  DIFF. RESRV.  Other \_\_\_\_\_

2. NAME OF OPERATOR  
Texaco Inc.

3. ADDRESS OF OPERATOR  
PO Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface Unit Letter N, 990' FSL & 1659' FWL  
At top prod. interval reported below  
At total depth

14. PERMIT NO. 30-025-30164 DATE ISSUED 1 FEB 25 1988

15. DATE SPUNDED 12/8/87 16. DATE T.D. REACHED 12/21/87 17. DATE COMPL. (Ready to prod.) 1/24/88 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 3564' KB, 3552' GR 19. ELEV. CASINGHEAD ---

20. TOTAL DEPTH, MD & TVD 6850' 21. PLUG, BACK T.D., MD & TVD 6650' 22. IF MULTIPLE COMPL., HOW MANY\* --- 23. INTERVALS DRILLED BY --- ROTARY TOOLS 0-6850' CABLE TOOLS ---

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 6428'-6439' Lusk Delaware, West 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN GR, BHC Acoustic, CNL, ZDL, DLL-MSFL 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 11 3/4"     | 42#             | 928'           | 14 3/4"   | 1000 sxs.        |               |
| 8 5/8"      | 32#             | 3842'          | 11"       | 1800 sxs.        |               |
| 5 1/2"      | 15.5# & 17#     | 6850'          | 7 7/8"    | 1750 sxs.        |               |

| 29. LINER RECORD |          |             |               |             | 30. TUBING RECORD |                |                 |
|------------------|----------|-------------|---------------|-------------|-------------------|----------------|-----------------|
| SIZE             | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE              | DEPTH SET (MD) | PACKER SET (MD) |
|                  |          |             |               |             | 2 7/8"            | 6487'          |                 |

| 31. PERFORATION RECORD (Interval, size and number) |                                  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                                  |
|--|----------------------------------|--|----------------------------------|
| DEPTH INTERVAL (MD)                                | AMOUNT AND KIND OF MATERIAL USED | DEPTH INTERVAL (MD)                            | AMOUNT AND KIND OF MATERIAL USED |
| 6428'-6439'  | 2500 Gals. 15% NEPE              | 6428'-6439'                                    | 20,000 Gals. 30% HPG 2% KCL      |
| 6428'-6439'  | 30,000 Lb. 20-40 sand            |  |                                  |

33.\* PRODUCTION  
DATE FIRST PRODUCTION 1/2/88 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping-1 3/4" Pump WELL STATUS (Producing or shut-in) Producing

DATE OF TEST 1/24/88 HOURS TESTED 24 CHOKER SIZE --- PROD'N. FOR TEST PERIOD --- OIL--BBL. 115 GAS--MCF. 88 WATER--BBL. 8 GAS-OIL RATIO 765  
FLOW, TUBING PRESS. --- CASING PRESSURE --- CALCULATED 24-HOUR RATE --- OIL--BBL. 115 GAS--MCF. 88 WATER--BBL. 8 OIL GRAVITY-API (CORR.) 39.8°

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented TEST WITNESSED BY L. Lehman

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

397-3571

SIGNED Ja Head TITLE Hobbs Area Superintendent DATE 2/3/88

\*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38. GEOLOGIC MARKERS

| FORMATION                           | TOP   | BOTTOM | DESCRIPTION, CONTENTS, ETC.                                | NAME                           | TOP                  |                  |
|-------------------------------------|-------|--------|--|--------------------------------|----------------------|------------------|
|                                     |       |        |  |                                | MEAS. DEPTH          | TRUE VERT. DEPTH |
| Yates                               | 2510' | 2664'  | Sand and Anhydrite, Contents oil, gas, and water           | Anhydrite                      | 865                  |                  |
| Capitan Reef<br>AND<br>Seven Rivers | 2664' | 3842'  | Dolomite, Lost Circulation from 2774'-3842' contents-water | Top Salt<br>Base Salt<br>Yates | 1090<br>2350<br>2510 |                  |
| Delaware                            | 4347' | 6850'  | Sand, Dolomite, Shale contents-oil, gas, water             | Delaware                       | 4347                 |                  |

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-10  
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL  
LC-062586  
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Texaco Inc.

3. ADDRESS OF OPERATOR  
PO Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
Unit Letter N, 990' FSL & 1659' FWL

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3552' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
S. A. Bowman Federal

9. WELL NO.  
4

10. FIELD AND POOL OR WILDCAT  
Lusk Delaware West

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA  
Sec. 29, 19S, 32E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

|  |   |  |  |
|--|---|--|--|
| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:  |  |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                 | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Casing Connections <input checked="" type="checkbox"/> |  |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Riser on 11 3/4" OD and 8 5/8" OD casing brought to surface.  
Riser on 8 5/8" OD and 5 1/2" OD casing brought to surface.

Inspected by E. W. Seay on February 19, 1988.

Cement circulated to the surface on the 11 3/4" OD and 5 1/2" OD casing.

RECEIVED  
FEB 26 12 50 PM '88  
CARLOS TORRES  
AREA SUPERVISOR

18. I hereby certify that the foregoing is true and correct

SIGNED *J. A. Seal* TITLE Hobbs Area Superintendent DATE 2/22/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS

**RECEIVED**

**MAR 21 1988**

**OCD**

**HOBBS OFFICE**