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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Texaco Exploration and Production Inc.	Well API No. 30-025-31727
Address P. O. Box 730 Hobbs, New Mexico 88240-2528	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name L. VAN ETTEN	Well No. 13	Pool Name, Including Formation CASS PENN	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>K</u> : <u>1653</u> Feet From The <u>SOUTH</u> Line and <u>2307</u> Feet From The <u>WEST</u> Line Section <u>9</u> Township <u>20-S</u> Range <u>37-E</u> , <u>NMPM</u> , <u>LEA</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil SHELL PIPELINE CORP. <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648 HCUSTON, TEXAS 77252				
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM CORP. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 TULSA, OKLAHOMA 74102				
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 9	Twp. 20S	Rge. 37E	Is gas actually connected? YES	When? 11-16-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-24-92	Date Compl. Ready to Prod. 11-16-92		Total Depth 7875'		P.B.T.D. 7850'			
Elevations (DF, RKB, RT, GR, etc.) GR-3541', KB-3555'	Name of Producing Formation PENNSYLVANIAN		Top Oil/Gas Pay 7782'		Tubing Depth 7798'			
Perforations 7782'-7796': PENNSYLVANIAN					Depth Casing Shoe 7875'			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14.75	11.75		1150'		900 SX, (CIRC 75 SX)			
11	8 5/8		4000'		1650 SX, (CIRC 150 SX)			
7 7/8	5.5		7875'		1500 SX, (CIRC 185 SX)			
DV TOOL @ 4809'								

**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 exceed top allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank 10-30-92	Date of Test 11-19-92	Producing Method (Flow, pump, gas lift etc.) PUMPING, 2.5 X 1.75 X 24	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 719 GOR	Oil - Bbls. 270	Water - Bbls. 0	Gas- MCF 194

**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

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

  
Signature  
MONTE C. DUNCAN ENGR. ASST.  
Printed Name Title  
11-23-92 505-393-7191  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved NOV 24 '92  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

**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.
- 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.