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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 32106	
Address PO BOX 730, HOBBS, NM 88240			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) Request test allowable for zone evaluation purposes.	
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"/>	32106 Nov 1983	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name B.F. HARRISON 'B'	Well No. 10	Pool Name, Including Formation UNDESIGNATED PADDOCK	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter <u>E</u> : <u>1780</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line				
Section <u>9</u> Township <u>23S</u> Range <u>37E</u> NMPM LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXACO T & T					<input checked="" type="checkbox"/>	or Condensate		<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 60628, MIDLAND, TX 79711-6028	
Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC					<input checked="" type="checkbox"/>	or Dry Gas		<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1137, EUNICE NM 88231	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 9	Twp. 23S	Rge. 37E	Is gas actually connected? YES		When ? 10-20-93			

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 09-22-93	Date Compl. Ready to Prod. 11-04-93		Total Depth 5448'			P.B.T.D. 5440'			
Elevations (DF, RKB, RT, GR, etc.) GR-3317', KB-3330'	Name of Producing Formation PADDOCK		Top Oil/Gas Pay 5122'			Tubing Depth 5210'			
Perforations 5122-32', 5194-5210'						Depth Casing Shoe 5448'			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8		1180'			650 - CIRC 75 SX			
7 7/8	5 1/2		5448'			1325 - CIRC 125 SX			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	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.

Ed Johnson

Signature L. W. Johnson

Engr Asst

Printed Name _____

11-04-93

Title

505-393-7191

Date _____

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

NOV 05 1993

By

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 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.