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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production Inc.		Well API No. 30-025-31201
Address P.O. Box 730, Hobbs, New Mexico 88241-0730		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" 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 B. F. Harrison "B"	Well No. 5	Pool Name, Including Formation Undesignated Blinebry	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter E : 1950 Feet From The N Line and 560 Feet From The W Line Section 9 Township 23-S Range 37-E, 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 checked="" type="checkbox"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5568 TA, Denver CO 80217					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco E & P Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, NM 88231					
If well produces oil or liquids, give location of tanks	Unit E	Sec. 9	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 11-15-91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X			X		X
Date Spudded 06-23-91	Date Compl. Ready to Prod. 10-15-91		Total Depth		P.B.T.D. 7415'			
Elevations (DF, RKB, RT, GR, etc.) 3316' GL	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5605		Tubing Depth 5519'			
Performances 5605, 14, 34, 67-69, 78, 90, 5700, 15, 22, 48-58 & 5812 (44 holes)					Depth Casing Shoe -2 JSPI 10307'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		1180		1100 SX CIRC 298 SX			
12 1/4	9 5/8		3685		1150 SX CIRC 85 SX			
8 3/4	5 1/2		10307		2800 SX CIRC 425 SX			
					DV TOOL @ 7017'			

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 14,110	Length of Test 4 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) BP (4 PT. TEST)	Tubing Pressure (Shut-in) 2011	Casing Pressure (Shut-in)	Choke Size Variable

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
L.W. Johnson Engr. Asst.
Printed Name
11-14-91 (505) 393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION

JAN 31 1992

Date Approved

By

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.