

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>S. A. Bowman Federal</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Lusk Delaware, West</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC06358</u>
Location				
Unit Letter <u>K</u>	<u>2310</u>	Feet From The <u>South</u> Line and <u>2160</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"/> <u>Texaco Trading & Transportation Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 6196, Midland, TX 79711</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co. 66 Nuth Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 2130, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K 29 19S 32E</u>	<u>Yes 2/25/88</u>

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

Ja Head
(Signature)
Hobbs Area Superintendent
(Title)
March 7, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 8 - 1988 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.	Ditt. Res
Date Spudded 1/17/88	Date Compl. Ready to Prod. 2/25/88		Total Depth 6850'		P.B.T.D. 6601'				
Elevations (DF, RKB, RT, GR, etc.) 3553' GR	Name of Producing Formation Delaware (Brushy Canyon)		Top Oil/Gas Pay 6431'		Tubing Depth 6489'				
Perforations 2 spf at 6431'-46'						Depth Casing Shoe 6850'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"		11 3/4"		895'		1000 sxs., cmt circ			
11 3/4"		8 5/8"		3796'		1400 sxs., cmt circ			
8 5/8"		5 1/2"		6850'		1610 sxs., cmt circ			

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 2/25/88	Date of Test 3/2/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size Pump
Actual Prod. During Test ---	Oil - Bbls. 200	Water - Bbls. 86 LW	Gas - MCF 277

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

MAR 7 - 1988
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