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

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

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**

I.

Operator Texas Crude, Inc.	Well API No. 30-025-24136
Address P.O. Box 2359, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
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 Kincheloe "2" State	Well No. 1	Pool Name, including Formation Oil Center Glorieta	Kind of Lease State, Federal or Fee	Lease No. B-229-1
Location Unit Letter <u>S</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line				
Section <u>2</u> Township <u>21-S</u> Range <u>36-E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Permian SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251
Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips 66 Natural Gas GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 1040 P. Plaza Office Bldg, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	S 2 21-S 36-E yes 10-19-72

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
Date Spudded 11-21-89	WORKOVER	Date Compl. Ready to Prod. 11-27-89	Total Depth 6361'	P.B.T.D. 5615'				
Elevations (DF, RKB, RT, GR, etc.) 3519' GR	Name of Producing Formation Glorieta	Top Oil/Gas Pay 5180'	Tubing Depth 5276'					
Perforations 5180-90'; 5196-99'; 5205-08'; 5213-15'; 5222-38' (39 holes)				Depth Casing Shoe 6361'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	1292'	475					
8-3/4"	7"	6391'	416					
	2-3/8"	5276'						

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 12-4-89	Date of Test 12-10-89	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --
Actual Prod. During Test	Oil - Bbls. 23.15	Water - Bbls. 25
		Gas - MCF 110

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.

E. Dale McCarter
 Signature
 E. Dale McCarter, Mgr., Drlg & Prod.
 Printed Name
 12/11/89
 Date
 915-684-7806
 Telephone No.

OIL CONSERVATION DIVISION
DEC 13 1989

Date Approved _____

By _____ ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.