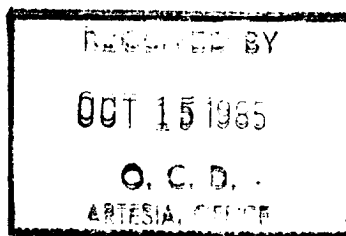


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Owner: TEXACO PRODUCING INC.
Address: P.O. BOX 728, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box):
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate
 Other (Please explain):

Change of ownership give name and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Well Name <u>Skelly Unit</u>	Well No. <u>158</u>	Pool Name, including Formation <u>Grayburg Jackson-SR-6-5H</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>LC-029419 (A)</u>
Location <u>Unit Letter P</u> : <u>1310</u> Feet From The <u>South</u> Line and <u>1310</u> Feet From The <u>East</u>	<u>Post FD-2 11-1-85 comp + BK</u>			
Line of Section <u>22</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

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 NEW MEXICO PIPELINE CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2528, HOBBS, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CONTINENTAL OIL CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2197, HOUSTON, TX 77001</u>
Well produces oil or liquids, or location of tanks. Unit <u>A</u> Sec. <u>22</u> Twp. <u>17</u> Rge. <u>31</u>	Is gas actually connected? <u>Yes</u> When <u>10/8/85</u>

If 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.

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.

W. B. Baker II
(Signature)
DIST. OPR. MGR.
10/10/85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 28 1985, 19
BY Les A. Clements
Original Signed By
TITLE Supervisor District II

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 8/27/85	Date Compl. Ready to Prod. 10/8/85		Total Depth 4050'			P.B.T.D. 4049'			
Elevations (DF, RKB, RT, GR, etc.) 3837.1 GR	Name of Producing Formation Grayburg Jackson		Top Oil/Gas Pay 3372'			Tubing Depth 3743'			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	490	500 SX
11"	8 5/8"	1875	900 SX
7 7/8"	5 1/2"	4050	900 SX
	238	3743	

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 10/3/85	Date of Test 10/8/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 36	Water-Bbls. 105	Gas-MCF 33

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 34.5
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size