

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

I.

Operator TEXACO Producing Inc.	
Address P.O. Box 728, Hobbs, New Mexico, 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 160	Pool Name, including Formation Fren Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. LC 29419 (A)
Location Unit Letter <u>K M</u> , <u>1270</u> Feet From The <u>South</u> Line and <u>1330</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico, 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1267, Ponca City, Oklahoma, 74603	
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>28</u> Twp. <u>17S</u> Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u>	When <u>01-01-86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-450; R-7680

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.

At W. Browning
(Signature)
District Administrative Supervisor
(Title)
May 15, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 1986, 19
Original Signed By
BY Les A. Clements
TITLE Supervisor District 11

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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 09-22-85	Date Compl. Ready to Prod. 01-01-86		Total Depth 3900'		P.B.T.D. 2892'				
Elevations (DF, RKB, RT, CR, etc.) 3840' GL - 3851' DF	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 2142'		Tubing Depth 2406'				
Perforations 2142' - 2396' (48 holes)						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	11 3/4"		487'		500 sx. - Cmt. circ.				
11"	8 5/8"		1920'		900 sx. - Cmt. circ.				
7 7/8"	5 1/2"		3900'		1100 sx. - Cmt. circ.				
	2 3/8"		2406'						

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 01-01-86	Date of Test 01-06-86	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 125	Oil-Bbls. 21	Water-Bbls. 104	Gas-MCF 68

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

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