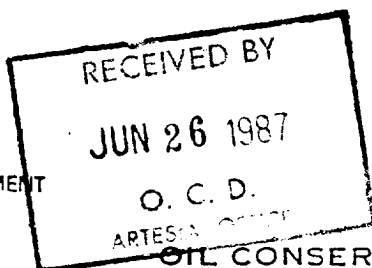


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



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

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Producing Inc. ✓	
Address PO Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input 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
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8-14-87</u>	

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

UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name DD Federal 25	Well No. 1	Pool Name, including Formation Dagger Draw Upper Penn. North	Kind of Lease State, Federal or Fee Federal	Lease No. NM-58024
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>19S</u> Range <u>24E</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"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 6196, Midland, TX 79711-0196	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Bldg, Suite 1800, Dallas, TX 75270	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25
	Twp. 19S	Rge. 24E
	Is gas actually connected? When No. ---	

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

(Signature)
Hobbs Area Superintendent

(Title)

June 23, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1987, 19____
BY _____ Original Signed By

Les A. Clements
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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
4/3/87	5/23/87		7940'			7930'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3609.5' GL	Penn. North Dagger Draw Upper		7918' 2818'			7922'			
Perforations						Depth Casing Shoe			
2 JSPF: 7818'-7830'						7940'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		450		675			
12 1/4"		9 5/8"		1200		750			
8 1/2"		7"		7940		1850			
		2 3/8		7922					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/23/87	5/23/87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	---	---	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	100	275	143

GAS WELL

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