

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

OCT 11 '89

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.		Well API No. 30-015-26154
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 DD Federal 24	Well No. 2	Pool Name, including Formation Dagger Draw Upper Penn, No.	Kind of Lease State, Federal or Fee	Lease No. NM-56220
Location Unit Letter I : 1945-1980 Feet From The South Line and 660 Feet From The East Line Section 24 Township 19S Range 24E, NMPM, Eddy 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) P.O. Box 6196, Midland, TX 79711-0196					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Feagan Gathering Company	Address (Give address to which approved copy of this form is to be sent) 4000 N. Big Spring, Ste 305, Midland, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Twp. 19S	Rge. 24E	Is gas actually connected? Yes	When? 09-29-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07-24-89	Date Compl. Ready to Prod. 08-25-89		Total Depth 7950'		P.B.T.D. 7900'			
Elevations (DF, RKB, RT, GR, etc.) 3597 GL	Name of Producing Formation Canyon Reef		Top Oil/Gas Pay 7806'		Tubing Depth 7855'			
Perforations 7806-7836'					Depth Casing Shoe 7950'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		477'		1225 Part ID-2			
12-1/4"	9-5/8"		1215'		750 11-3-89			
8-3/4"	7"		7950'		1700 comp + BK			
	2 7/8		7855'					

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 09-27-89	Date of Test 09-27-89	Producing Method (Flow, pump, gas lift, etc.) Submersible Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 222	Water - Bbls. 662	Gas - MCF 55

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.

Signature J. A. Head
J. A. Head Area Manager
Printed Name
10-05-89 Title
Date 393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 31 1989

By ORIGINAL SIGNED BY
MIKE WILKINSON
Title SUPERVISOR, DISTRICT II

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.