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
MAR 6 '90
O. C. D.
ARTESIA, OFFICE

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

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Dp

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
TEXACO INC	30-015-26225
Address PO BOX 730 HOBBS, NM 88240	

Reason(s) for Filing (Check proper box)
New Well ☐ Recompletion ☐ Change in Operator ☐ Other (Please explain) ☐

Change is Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

If change of operator give name and address of previous operator ~~TEXACO TRADING AND TRANSPORTING INC PO BOX 60628 MIDLAND, TX 79711-0628~~

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, (Federal) or Fee	Lease No.
KINCAID-WATSON FEDERAL	1	SHUGART BONE SPRINGS, NORTH		LC-029393-B

Location
Unit Letter B : 330 Feet From The N Line and 1980 Feet From The E Line
Section 18 Township 18S Range 31E, NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
TEXAS-NEW MEXICO PIPELINE CO.	PO BOX 42130, HOUSTON, TX 77242
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	**Address (Give address to which approved copy of this form is to be sent)**
FLARING	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	B	18	18S	31E		

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							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-22-89	1-26-89	9285	8110
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
GR 3632, KB 3650	BONE SPRINGS	7900	7805
Perforations			**Depth Casing Shoe**
7900-7904, 7912-7945 (2 JSPF, 74 HOLES)			9285

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 48# H-40	500	600 SX - H - CIRC - 118 SX
12 1/4	8 5/8 32# K-55	2520	1250 SX - H - 450 SX DOWN BSW
7 7/8	5 1/2 17# K-55, 15.5# J-55	9285	1750 SX - H - CIRC - 50 SX

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-24-90	1-26-90	FLOWING	PKR ID=3 3-13-90 obj bt. III
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HRS,	40	0	48/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
	479	160	588

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

J.A. Head / RSP
Signature
J.A. HEAD HOBBS AREA MANAGER
Printed Name Title
3-5-90 (505) 393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 16 1990

By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title

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.