

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

APR 1 1 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Producing Inc.	Well API No. 30-015-26568
Address P.O. Box 730 Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 25 Federal	Well No. 2Y	Pool Name, Including Formation Dagger Draw Up. Penn N.	Kind of Lease State, (Federal) or Fee	Lease No. NM-58024
Location Unit Letter G : 1864 Feet From The North Line and 1967 Feet From The East Line Section 25 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 and Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628 Midland, TX. 79711-0628					
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 A	Sec. 25	Twp. 19S	Rge. 24E	Is gas actually connected? Yes	When? 4-1-91

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-27-90	Date Compl. Ready to Prod. 2-27-91		Total Depth 7900		P.B.T.D. 7880			
Elevations (DF, RKB, RT, GR, etc.) GR-3625, KB-3697	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 7542		Tubing Depth 7805			
Perforations 7542-54, 7568-96, 7608-16, 2 JSPF, 96 Holes 7642-44, 7650-56, 7700-08, 7714-32, 7754, 7762, 2 JSPF 84 holes					Depth Casing Shoe 7900			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		460		1050			
12 1/4	9 5/8		1300		950			
8 3/4	7		7900		1200			

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 4-3-91	Date of Test 4-3-91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2.5 X 1.75 X 26	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 7375 GOR	Oil - Bbls. 40	Water - Bbls. 166	Gas - MCF 295

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
M.C. Duncan
Printed Name
4-10-91
Date
Engineer's Assistant
Title
393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 1 2 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.