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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

SEP 15 1993

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

C. I. D.

Operator TEXACO EXPLORATION AND PRODUCTION INC.		Well API No. 30-015-27504
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 FEDERAL 24	Well No. 4	Pool Name, Including Formation DAGGER DRAW UPPER PENN NORTH	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-56220
Location Unit Letter <u>J</u> : <u>1957</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>19-S</u> Range <u>24-E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil AMOCO PIPELINE COMPANY <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 702068 TULSA, OKLAHOMA 74170-2068				
Name of Authorized Transporter of Casinghead Gas GPM GAS CORPORATION <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK AVENUE ODESSA, TEXAS 79762				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24	Twp. 19S	Rge. 24E	Is gas actually connected? YES	When ? 8-25-93

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 7-28-93	Date Compl. Ready to Prod. 8-27-93		Total Depth 8000'		P.B.T.D. 7956'			
Elevations (DF, RKB, RT, GR, etc.) GR-3585', KB-3599'	Name of Producing Formation UPPER PENN NORTH		Top Oil/Gas Pay 7518'		Tubing Depth 7908'			
Perforations 7518'-7840' (616 HOLES)					Depth Casing Shoe 8000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1100'		600 SX (TOC @ 200')			
7 7/8"	5 1/2"		8000'		1410 SX (TOC @ 600')			
					D.V. TOOL @ 4575'			

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 8-25-93	Date of Test 9-2-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING (2.5 X 2.25 X 32)	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size 3-4-94 comp & BR
Actual Prod. During Test 4760 GOR	Oil - Bbls. 179	Water - Bbls. 550	Gas- MCF 852

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 Monte C. Duncan  
Printed Name MONTE C. DUNCAN Title ENGR. ASST.  
Date 9-13-93 Telephone No. 393-7191

OIL CONSERVATION DIVISION

Date Approved JAN 28 1994  
By 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.