

Submit 5 Copies
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

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

Operator TEXACO EXPLORATION AND PRODUCTION INC. ✓	Well API No. 30-015-27505
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 25	Well No. 4	Pool Name, Including Formation DAGGER DRAW UPPER PENN NORTH	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-58024
Location Unit Letter B : 781 Feet From The NORTH Line and 1767 Feet From The EAST Line Section 25 Township 19-S Range 24-E , NMPM, EDDY 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? 10-8-93

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 8-17-93	Date Compl. Ready to Prod. 11-2-93		Total Depth 8000'		P.B.T.D. 7974'			
Elevations (DF, RKB, RT, GR, etc.) GR-3580', KB-3594'	Name of Producing Formation UPPER PENN NORTH		Top Oil/Gas Pay 7722'		Tubing Depth 7910'			
Perforations 7722-7733 7740-7806 7822-7826 4 SPF 324 HLE; 7836-7883 4 SPF 188 HLE					Depth Casing Shoe 8000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1107'		600 SX (TOC @ 230')			
7 7/8"	5 1/2"		8000'		1650 SX (TOC @ 1670')			
					D.V. TOOL @ 7519'			

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 10-8-93	Date of Test 11-9-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING (2.5 X 2.25 X 30)	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size Camp & BK
Actual Prod. During Test 665 GOR	Oil - Bbls. 343	Water - Bbls. 286	Gas- MCF 228

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 ENGR. ASST.
Printed Name
11-16-93 Title
393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 21 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.