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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

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

MAR 30 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc. ✓		Well API No. 3001503691
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 Remuda Basin Unit	Well No. 1	Pool Name, including Formation Nash Draw Atoka Wildcat Atoka	Kind of Lease State, Federal or Fee	Lease No. E-5894-1
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 24 Township 23S Range 29E, 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"/>	Address (Give address to which approved copy of this form is to be sent) Texaco Trading and Transportation 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"/>	Address (Give address to which approved copy of this form is to be sent) Natural Gas Pipeline of America P.O. Box 638, Lovington, NM 88260					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 23S	Rge. 29E	Is gas actually connected? Yes	When? 03-02-91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X	X			X
Date Spudded 05/20/60	Date Compl. Ready to Prod. 02/26/90		Total Depth 14,048'		P.B.T.D. 13,332'			
Elevations (DF, RKB, RT, GR, etc.) 3040' DF	Name of Producing Formation Wildcat Atoka		Top Oil/Gas Pay 12,568'		Tubing Depth 12,296'			
Perforations 12,568-12,592'					Depth Casing Shoe 14,048'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
24"	20"		308'		225			
17-1/2"	13-3/8"		4109'		5500			
12-1/4"	9-5/8"		10,932'		3500			
8-1/4"	7"		15,109'		1100			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 4077	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (puot, back pr.) --	Tubing Pressure (Shut-in) 6100	Casing Pressure (Shut-in) 0	Choke Size 21/64"

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
03/18/91
Date
Engineer's Assistant
(505) 393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 27 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.