

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

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

JUN 27 '89

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS

Transporter	Oil	Gas
Operator		

Operator Texaco Producing Inc.	Well API No. 30-015-23348
Address PO Box 728, Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Casinghead Gas MUST NOT BE FLARED AFTER 9/10/89 UNLESS AN EXCEPTION FROM	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Getty 24 Federal	Well No. 1	Pool Name, Including Formation Undes. Eddy Delaware	Kind of Lease State Federal/OK/Ref	Lease No. NM-25876
Location Unit Letter G 1980 Feet From The North Line and 1980 Feet From The East Line Section 24 Township 22S Range 31E, 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 & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 6196, Midland, TX 79711					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	Twp. 22S	Rge. 31E	Is gas actually connected? No	When ?

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-15-89	Date Compl. Ready to Prod. 6-12-89	Total Depth 14,935'	P.B.T.D. 7,995'					
Elevations (DF, RKB, RT, GR, etc.) 3607' KB	Name of Producing Formation Undes. Eddy Delaware	Top Oil/Gas Pay 7091'	Tubing Depth 7346'					
Perforations 7091, 92, 7106, 07, 08, 09, 10, 11, 12	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 12,242'					
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8", 48#	DEPTH SET 891'	SACKS CEMENT 1200					
12 1/4"	9 5/8", 36 & 40#	4513	1800					
8 1/2"	7" 26#	12242	2200					
6 1/8"	5" 18# Liner	11964-14934	400					

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 6-12-89	Date of Test 6-21-89	Producing Method (Flow, pump, gas lift, etc.) Pump	Post ID 2 7-14-89 Camp Dbl.
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 405 Bbls	Oil - Bbls 206	Water - Bbls 199	Gas - MCF 99

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
J. A. Head
Printed Name
6-23-89
Date
Area Superintendent
Title
397-3571
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 10 1989

By

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.