

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc. ✓		Well API No. 30-015-26288
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: CASINGHEAD GAS MUST NOT BE Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> FLARED AFTER 9/5/90 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> NEEDS AN EXCEPTION FROM If change of operator give name and address of previous operator B. L. M. IS OBTAINED		

II. DESCRIPTION OF WELL AND LEASE

Well No. y 24 Federal	Pool Name, including Formation 3 Livingston Ridge Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-25876
Unit <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> 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) P.O. 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 B	Sec. 24	Twsp. 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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 03-15-90	Date Compl. Ready to Prod. 05-17-90		Total Depth 8410'		P.B.T.D. 8385'			
Elevations (DF, RKB, RT, GR, etc.) 3566' GR	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 7874'		Tubing Depth 8211'			
Perforations 7874-94', 7898-7915', 8284-98', 8306-20' (130 holes)					Depth Casing Shoe 8410'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		796'		700 sx Post ID-2			
11"	8-5/8"		4520'		1641 sx 7-6-90			
7-7/8"	5-1/2"		8410'		1965 sx comp & BK			

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 04-16-90	Date of Test 05-13-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 166	Water - Bbls. 220	Gas- MCF 172

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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
L. D. Ridenour
Engineer's Assistant
Printed Name
06-20-90
Date
(505) 393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By JUN 29 1990
Title ORIGINAL SIGNED BY
MIKE WILLIAMS
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.