

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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FEB -6 1987  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

O. C. D. REQUEST FOR ALLOWABLE  
ARTESIA OFFICE AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Texaco Producing Incorporated	
Address P.O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-12-87 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED 2-770 until 2/27/90	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Todd "2" State	Well No. 1	Pool Name, Including Formation Undesignated Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. K-5017
Location Unit Letter F : 1980 Feet From The West Line and 1980 Feet From The North Line of Section 2 Township 24 Range 31, 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, Texas 79711-0196	
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) Post ID-2 2-13-87 comp. BS	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

JA Head  
(Signature)  
Area Superintendent 397-3571  
(Title)  
2-3-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 10 1987, 19  
BY Original Signed By  
Les A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spudded 4-1-75	Date Compl. Ready to Prod. 1-19-87		Total Depth 15,120'			P.B.T.D. 12,055'			
Elevations (DF, RKB, RT, GR, etc.) 3506' KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 10,784'			Tubing Depth 10,815'			
Perforations 11,028', 29,30,31,32,33,55,57,62,64,84,85,86' 10,874',76,78,85,89,92,94,97,10900,02,56,57,60,62,64'						Depth Casing Shoe 14,966'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8" OD		639'		700 Sacks			
12 1/2"		10 3/4" OD		4430'		2200 Sacks			
9 1/2"		7 5/8" OD		12534'		3400 Sacks			
6 1/2"		5" OD		12096 - 14966'		600 Sacks			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 1-19-87	Date of Test 1-19-87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 100 PSI	Casing Pressure	Choke Size 3/4"
Actual Prod. During Test 41 Bbls	Oil - Bbls. 27	Water - Bbls. 14	Gas - MCF 35

#### 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

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