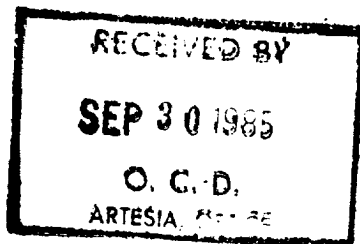


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO PRODUCING INC. ✓	
Address P.O. BOX 728, HOBBS, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership  Change of ownership give name Address of previous owner	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 <u>11-2-85</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

DESCRIPTION OF WELL AND LEASE			
Lease Name BD FEDERAL	Well No. 1	Pool Name, Including Formation BRUSHY DRAW DELAWARE	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>880</u> Feet From The <u>East</u>			Lease No. NM-41646
Line of Section <u>26</u> Township <u>26S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County			

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)			
Scurlock Oil CO.		511 W. Ohio, Suite 200, Midland, TX 79701			
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)			
None		-			
Well produces oil or liquids, Give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					NO <u>Post ID-2</u> <u>10-4-85</u> <u>Comp. + BK</u>

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.

I. 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.

Dist. Opr. Mgr.

9/27/85

OIL CONSERVATION DIVISION SEP 30 1985	
APPROVED _____, 19____	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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/13/85	Date Compl. Ready to Prod. 9/19/85		Total Depth 5571'			P.B.T.D. 5350'			
Elevations (DF, RKB, RT, GR, etc.) 2916' GR	Name of Producing Formation Brushy Draw Delaware		Top Oil/Gas Pay 5112'			Tubing Depth 5169'			
Perforations 5112-5143' 2 SPI (26 holes)						Depth Casing Shoe -			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	500'	800 SX
11"	8 5/8"	3020	2050 SX
7 7/8"	5 1/2"	5571'	1080 SX
	2 7/8"	5169	

#### 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 9-14-85	Date of Test 9-19-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 218	Water-Bbls. 228	Gas-MCF 168

#### GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size