

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Producing Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Salt Mountain 25 Federal	Well No. 2	Pool Name, including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM17225A
Location Unit Letter <u>J</u> ; <u>1665</u> Feet From The <u>South</u> Line and <u>2325</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>26-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74003			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 25	Twp. 26S	Rge. 29E
	Is gas actually connected? Yes		When 04/28/87	

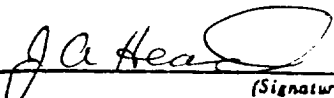
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.

397-3571


(Signature)

Hobbs Area Superintendent

(Title)

May 21, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1987, 19

BY Original Signed By
Les A. Clements

TITLE Supervisor District 11

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 03/08/87	Date Compl. Ready to Prod. 04/20/87	Total Depth 6320'		P.B.T.D. 6300'					
Elevations (DF, RKB, RT, GR, etc.) 2929.7 KB 2928.7 DF	Name of Producing Formation Brushy Draw Delaware	Top Oil/Gas Pay 5161'		Tubing Depth 5291'					
Perforations 2 JSPF: 5161', 5162', 5183'-5204' (24 feet; 48 holes)							Depth Casing Shoe 6320'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
14 3/4"	11 3/4"		500			535			
11"	8 5/8"		3055			1150			
7 7/8"	5 1/2"		6320			1350			

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 04/20/87	Date of Test 04/20/87	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---	
Actual Prod. During Test	Oil-Bbls. 118	Water-Bbls. 388	Gas-MCF 26	

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 ---