

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SEP 23 '87

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Texaco Producing Inc. ✓		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>12-18-87</u>
Address PO Box 728, Hobbs, New Mexico 88240		UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED <i>y</i>
Reason(s) for filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership		Other (Please explain) Request Testing Allowable
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry 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 36 State	Well No. 3	Pool Name, including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee State	Lease No. G-8794
Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1677</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>26S</u> Range <u>29E</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 Co.	Address (Give address to which approved copy of this form is to be sent) PO 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) PO Draw 1267, Ponca City, OK 74603	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36
	Twp. 26S	Rge. 29E
	Is gas actually connected? <u>No</u>	

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

Ja Head
(Signature)

Hobbs Area Superintendent

(Title)

September 14, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED Original Signed By Mike Williams, 19 11-20-87
BY Oil & Gas Inspector
TITLE NOV 18 1987

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 8/10/87	Date Compl. Ready to Prod. 9/9/87	Total Depth 5300'			P.B.T.D. 5210'				
Elevations (DF, RKB, RT, GR, etc.) 2901' GL	Name of Producing Formation Brushy Draw Delaware	Top Oil/Gas Pay 5112			Tubing Depth 5194				
Perforations 5112'-5116', 5130'-5134', 5142'-5146', 5199', 5151'							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14 3/4"	42#		500'		550				
11"	32#		3000'		1150				
7 7/8"	15.5#		5300'		1400				
	2 7/8		5194						

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 9/9/87	Date of Test 9/9/87	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. 63	Water - Bbls. 243	Gas - MCF 46

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