

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

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 February 10, 1999
Instructions on back
Submit to Appropriate District Office
5 Copy
☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address TEXACO EXPLORATION & PRODUCTION INC. 15 SMITH ROAD, MIDLAND, TX 79705		² OGRID Number 022351
		³ Reason for Filing Code NW
⁴ API Number 30-015-31381	⁵ Pool Name PADUCA SOUTH, WOLFCAMP	⁶ Pool Code 82540
⁷ Property Code 10920	⁸ Property Name COTTON DRAW UNIT	⁹ Well No. 89

II. ¹⁰ Surface Location

UI or lot no O	Section 3	Township 25-S	Range 31-E	Lot.Idn	Feet From The 250	North/South Line SOUTH	Feet From The 1980	East/West Line EAST	County EDDY
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¹¹ Bottom Hole Location

UI or lot no	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
¹² Lse Code F	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
	NO OIL			
	NO GAS			

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IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date 10/23/00	²⁶ Ready Date 1/24/01	²⁷ Total Depth 13,250'	²⁸ PBDT 12,200'	²⁹ Perforations 12,994-13,094'
³⁰ HOLE SIZE	³¹ CASING & TUBING SIZE	³² DEPTH SET	³³ SACKS CEMENT	
17 1/2"	13 3/8"	695'	790 SX - CIRC	
12 1/4"	9 5/8"	4350'	1580 SX - CIRC	
8 1/2"	7"	12,917'	1300 SX - CIRC	
5 7/8"	5" LINER	13,250'	50 SX - CIRC	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Date of Test	³⁷ Length of Test	³⁸ Tubing Pressure	³⁹ Casing Pressure
⁴⁰ Choke Size	⁴¹ Oil - Bbls. 0	⁴² Water - Bbls. 0	⁴³ Gas - MCF 0	⁴⁴ AOF	⁴⁵ Test Method PLUNGER LIFT

⁴⁶ 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 <i>J. Denise Leake</i> Printed Name J. Denise Leake Title Regulatory Specialist Date 2/6/02 Telephone 915-687-7375	<p>OIL CONSERVATION</p> <p>Approv _____</p> <p>Title: _____</p> <p>Approval Date: FEB 19 2002</p>		
⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

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IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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Ul or lot no	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
0	3	25-S	31-E		250	SOUTH	1980	EAST	EDDY

UI or lot no	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
¹² Lse Code F	¹³ Producing Method Code <u> </u>		¹⁴ Gas Connection Date <u> </u>		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
	NO OIL			
	NO GAS			

23	POD	24	POD ULSTR Location and Description
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²⁵ Spud Date 10/23/00	²⁶ Ready Date 1/24/01	²⁷ Total Depth 13,250'	²⁸ PBDT 12,200'	²⁹ Perforations 12,994-13,094'
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³⁴ <u>Date New Oil</u>	³⁵ <u>Gas Delivery Date</u>	³⁶ <u>Date of Test</u>	³⁷ <u>Length of Test</u>	³⁸ <u>Tubing Pressure</u>	³⁹ <u>Casing Pressure</u>
⁴⁰ <u>Choke Size</u>	⁴¹ <u>Oil - Bbls.</u> 0	⁴² <u>Water - Bbls.</u> 0	⁴³ <u>Gas - MCF</u> 0	⁴⁴ <u>AOF</u>	⁴⁵ <u>Test Method</u> <u>3ER LIFT</u>
⁴⁶ 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.			<div> <div>App</div> <div>FOR RECORD ONLY</div> <div>Title: _____</div> <div>Approval Date: FEB 19 2002</div> </div>		
Signature <u>J. Denise Leake</u>					
Printed Name J. Denise Leake					
Title Regulatory Specialist					
Date 2/6/02		Telephone 915-687-7375			

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Date _____

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12345678910111213141516
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Signature *J. Denise Leake*

Printed Name J. Denise Leake

Title Regulatory Specialist

Date 2/6/02 Telephone 915-687-7375

Appr _____

Title: _____

Approval Date: _____

FOR RECORD ONLY

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