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| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

|                                                                                                                                                                           |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Operator<br><b>Texaco Inc.</b>                                                                                                                                            |                                               |
| Address<br><b>Drawer 728<br/>Hobbs, N. M. 88240</b>                                                                                                                       |                                               |
| Reason(s) for filing (Check proper box)                                                                                                                                   | Other (Please explain)                        |
| New Well <input type="checkbox"/>                                                                                                                                         | <b>*To Change Well Number from 4220 to 28</b> |
| Recompletion <input type="checkbox"/>                                                                                                                                     |                                               |
| Change in Ownership <input type="checkbox"/>                                                                                                                              |                                               |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                               |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                       |                        |                                                        |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------|----------------------------------------|
| Lease Name<br><b>Northeast Caprock (Queen) Unit</b>                                                                                                                                                                   | Well No.<br><b>*28</b> | Pool Name, Including Formation<br><b>Caprock Queen</b> | Kind of Lease<br>State, Federal or Fee |
| Location<br>Unit Letter <b>H</b> ; <b>661</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>North</b><br>Line of Section <b>20</b> , Township <b>12S</b> Range <b>32E</b> , NMPM, <b>Lea</b> 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"/><br><b>The Permian Corporation</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 4157 - Midland, Texas</b> |                   |                    |                    |                                         |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>None</b>                       | Address (Give address to which approved copy of this form is to be sent)                                          |                   |                    |                    |                                         |      |
| If well produces oil or liquids,<br>give location of tanks.                                                                                        | Unit<br><b>H</b>                                                                                                  | Sec.<br><b>20</b> | Twp.<br><b>12S</b> | Rge.<br><b>32E</b> | Is gas actually connected?<br><b>No</b> | When |

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

IV. COMPLETION DATA

|                                      |                             |                      |                  |           |        |                   |             |              |
|--------------------------------------|-----------------------------|----------------------|------------------|-----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well             | New Well         | Workover  | Deepen | Plug Back         | Same Res'y. | Diff. Res'y. |
| Date Spudded                         | Date Compl. Ready to Prod.  |                      | Total Depth      |           |        | P.B.T.D.          |             |              |
| Pool                                 | Name of Producing Formation |                      | Tcpl Oil/Gas Pay |           |        | Tubing Depth      |             |              |
| Perforations                         |                             |                      |                  |           |        | Depth Casing Shoe |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |                      |                  |           |        |                   |             |              |
| HOLE SIZE                            |                             | CASING & TUBING SIZE |                  | DEPTH SET |        | SACKS CEMENT      |             |              |
|                                      |                             |                      |                  |           |        |                   |             |              |
|                                      |                             |                      |                  |           |        |                   |             |              |
|                                      |                             |                      |                  |           |        |                   |             |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**J. G. BLEVINS, JR.**  
**ASST. DIST. SUPT.**  
**JUN 15 1965**  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 Sections I, II, III, and VI only 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.