

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE		
FILE		
U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator TEXACO Inc.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input checked="" 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

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Little Lucky Lake Morrow Gas R-7917 6-1-85

Lease Name <u>Peery-Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Undesignated Morrow</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-0338-A</u>
Location				
Unit Letter <u>0</u>	<u>660</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>29</u>	Township <u>15-S</u>	Range <u>30-E</u>	NMPM, <u>Chaves</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Koch Oil Company</u>	<u>P. O. Box 1558, Breckenridge, TX 76024</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cabot Pipe Line Corporation</u>	<u>P. O. Box 50020, Amarillo, Texas 79159</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>29</u> Twp. <u>15-S</u> Rge. <u>30-E</u>	<u>Yes</u> <u>2-19-85</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.

W. B. L. L.

(Signature)

District Operations Manager

(Title)

2/19/85

(Date)

OIL CONSERVATION DIVISION

MAR - 1 1985

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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 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				X		
Date Spudded 2-18-59	Date Compl. Ready to Prod. (Recompleted) 10-10-84	Total Depth 12,313'				P.B.T.D. 10,100'			
Elevations (DF, RKB, RT, GR, etc.) 3955' (GR)	Name of Producing Formation Morrow	Top Oil/Gas Pay 9932				Tubing Depth 9835'			
Perforations 9932-9940'						Depth Casing Shoe 12,313'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		467'		650				
12 1/4"	9 5/8"		2940'		1700				
8 3/4"	7"		12,312'		400				

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 2683	Length of Test 4 Hrs.	Bbls. Condensate/MMCF 213/Day	Gravity of Condensate 63.1
Testing Method (pilot, back pr.) 4 Point	Tubing Pressure (Shut-in) 2430#	Casing Pressure (Shut-in)	Choke Size 12/64"

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FEB 28 1985

OFFICE