

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Texaco Inc.

Address

P. O. Box 728, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

Other (Please explain)

- ☐ New Well
☒ Recompletion
☐ Change in Ownership
- Change in Transporter of:
☐ Oil
☐ Dry Gas
☐ Casinghead Gas
☐ Condensate

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Peery Federal	3	Little Lucky Lake Morrey	State, Federal or Fee Federal	NM0338A
Location				
Unit Letter	K	1820 Feet From The South Line and 2140 Feet From The West		
Line of Section	29	Township 15S	Range 30E	NMPM, Chaves County

II. 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)					
Texaco Trading & Trans. Inc. 1090-0589-0001	P. O. Box 6296, Midland, TX 79711-0196					
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)					
Cabot Corporation	P. O. Box 50020, Amarillo Tx 79159					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	29	15S	30E	Yes	09/28/86

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.

I. 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.

District Administrative Supervisor

(Title)

October 7, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 3 1 1986**, 19

BY **ORIGINAL SIGNED BY JERRY TEXON**

DISTRICT ADMINISTRATIVE 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
			X				X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
09/16/86	09/28/86 10:00		10,150'		---				
Stratifications (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3953' DF	Little Lucky Lake Morrow		9962'		---				
Perforations					Depth Casing Shoe				
9962'-9977' Morrow					---				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 48'	458'	600
12 1/4"	9 5/8" 62'	2930'	1700
8 3/4"	5 1/2" 17"	11250'	250
4.9"	2 7/8"	10150'	804

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 (cc) a. able 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/MWCF	Gravity of Condensate
2105	24 HR.	210	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-1A)	Casing Pressure (Shot-1A)	Choke Size
	1700#	---	11/64"

RECEIVED
OCT 15 1986
O.C.D.
MOBBS OFFICE