

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO Inc.

Address
P. O. BOX 728, Hobbs, N. M. 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<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 PERRY FEDERAL	Well No. 4	Pool Name, Including Formation LITTLE LUCKY LAKE MORROW	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-0338
Location				
Unit Letter A : 660 Feet From The NORTH Line and 970 Feet From The EAST				
Line of Section 29 Township 15S Range 30E , NMPM, CHAVES 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)
KOCH OIL CO.	P. O. BOX 1558, BREAKONRIDGE, TEX. 76024
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, TEX. 79159
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit 0 Sec. 29 Twp. 15S Rge. 30E	YES AUGUST 28, 1985

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. (Signature)

DIST. OPR. MGR.

(Title)

12-09-85

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1985

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

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		X		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
	AUGUST 28, 1985				10,160'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3999' DF	MORROW		10024		9940'				
Perforations						Depth Casing Shoe			
10024-10038' (29 HOLES) 2 SPF									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"		11 3/4"		454'		290 sx- cmt.circ.			
10 5/8"		8 5/8"		5000'		1100 sx			
7 7/8"		5 1/2"		4791-11.150'		780 sx			

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	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
560 MCFD	24 Hour	60	63.1
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			12/64"

1985-13-1985