

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Producing Inc.

Address
PO Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:

Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Isler Federal	Well No. 1	Pool Name, including Formation Many Gates Wolfcamp	Kind of Lease State, Federal or Fee Federal	Lease No. NM05556
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>9S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> 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"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 6169, Midland, TX 79711
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> (Vented)	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	N : 29 : 9S : 30E : NO :

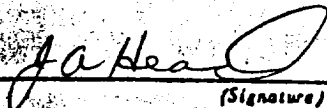
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.

397-3571



Hobbs Area Superintendent

(Title)

March 8, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 10 1988 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 deviatric 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Re
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.S.T.D.					
10/17/87	1/8/88	7400'		7380'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
4060' GL	Many Gates Wolfcamp	7292'		7250'					
Perforations		Depth Casing Shoe							
7292'-7326' (2 spf, 70 holes)		7400'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8", 54.5#, K55		867'		1000			
12 1/4"		8 5/8", 24#, J55		2142'		1000			
7 7/8"		5 1/2", 15.5 & 17#, K55		7400'		2300			
		2 7/8"		7250'					

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 all 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.)	
1/8/88	1/8/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hour	---	---	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
84 bbls.	6	78 LW	34

GAS WELL

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

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