

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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RE	
NO. OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
OPERATION 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

NAME  
TEXACO INC.

ADDRESS  
P.O. BOX 728, HOBBS, N.M. 88240

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well		
Recompletion		
Change in Ownership		
	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

Range of ownership give name  
Address of previous owner  
THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
J.M. "BG" ST.NCT-1	7	SANDERS PERMO UPPER PENN	State, Federal or Fee
			STATE
			Lease No.
			B-9560
Location			
Mile Letter I : 1980 Feet From The South Line and 660 Feet From The East			
Line of Section 14 Township 14S Range 33E, NWPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
TEXAS NEW MEXICO PIPELINE CO.		P.O. BOX 2528, HOBBS, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
WARREN PETROLEUM CORP.		P.O. BOX 1589, TULSA, OK 74102	
Well produces oil or liquids, Location of tanks.	Unit	Sec.	Twp.
	M	22	14S
			33E
Is gas actually connected?		When	
Yes		9/26/85	

If 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.

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. Baker*  
(Signature)  
DISTRICT OPERATIONS MANAGER  
(Title)  
10/7/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 21 1985**, 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.

# V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/7/85	Date Compl. Ready to Prod. 9/26/85	Total Depth 10100'		P.B.T.D. 10038'				
Elevations (DF, RKB, RT, GR, etc.) 4188' GR	Name of Producing Formation Sanders Permo Upper	Top Oil/Gas Pay Penn 9814'		Tubing Depth 9785'				
Perforations 9814-9988' 2 SPF (50 holes)						Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	524	600 SX
12 1/4	8 5/8	4189	2500 SX
7 7/8	5 1/2	10100	2250 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 9/24/85	Date of Test 9/26/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hour	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 200	Water-Bbls. 304	Gas-MCF 362

## GAS WELL

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

RECEIVED  
OCT - 9 1985  
O.C.D.  
HOBBS OFFICE