

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

Operator Texaco Inc.	
Address P. O. Box 728, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
CASINGHEAD GAS MUST NOT BE FLAMED AFTER 4-1-86 UNLESS AN EXCEPTION TO R-4071 IS OBTAINED.	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amerada - State	Well No. 1	Pool Name, including Formation Saunders Permo Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. E-2466
Location Unit Letter <u>L</u> ; 1980 Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>14S</u> Range <u>33E</u> , NMPM, 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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 L	Sec. 2	Twp. 14S	Rge. 33E	Is gas actually connected? No	When _____

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.

T. CERTIFICATE OF COMPLIANCE

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. C. L.
(Signature)
District Operations Manager
(Title)
02/10/86
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 24 1986, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-15-85	Date Compl. Ready to Prod. 01-25-86		Total Depth 10,038		P.B.T.D. ---				
Elevations (DF, RKB, RT, GR, etc.) 4200' GR	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 9850'		Tubing Depth 9927'				
Perforations 9989, 91 & 93 (6 holes) 2 sh/int 9850 to 9902 (20 holes) w sh/int.						Depth Casing Shoe ---			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	11 3/4"		1728'		1700 SX				
11"	8 5/8"		4204'		1800 SX				
7 7/8"	5 1/2"		10,038'		560 SX + 1200 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 01/25/86	Date of Test 01/28/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test ---	Oil - Bbls. 138	Water - Bbls. 216	Gas - MCF 173

GAS WELL

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

RECEIVED
 FEB 13 1986
 C. P. D.
 NOBBS OFFICE