

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	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

I.

Operator
Texaco Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "BG" State NCT-1	Well No. 10	Pool Name, including Formation Saunders Permo Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. B-9560
Location Unit Letter <u>O</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>14-S</u> Range <u>33-E</u> , NMPM, Lea 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"/> Tex-New Mex Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>22</u> Twp. <u>14S</u> Rge. <u>33E</u>	Is gas actually connected? When Yes <u>04/25/87</u>

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.

J. A. Head
(Signature)
Hobbs Area Superintendent (397-3571)
(Title)
April 24, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 4 1987, 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 deviator 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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 03/10/87	Date Compl. Ready to Prod. 04/15/87		Total Depth 10,100'		P.B.T.D. 10,030'				
Elevations (DF, RKB, RT, GR, etc.) 4187' GR	Name of Producing Formation Saunders Permo Upper		Top Oil/Gas Pay 9783'		Tubing Depth 10,010'				
Perforations 9783' to 9787'; 9798' to 9804'; 9823' to 9827'; 9841' to 9845' 2 JSPF 44 Holes, 9918', 9940', 9941', 9949', 9950', 9951', 9952', and							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD 9953' 1 JSPF 8 Holes									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14 3/4"	11 3/4"		1730'		1947				
11"	8 5/8"		4200'		1750				
7 7/8"	5 1/2"		10,100'		1857				

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 04/25/87	Date of Test 04/15/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hour	Tubing Pressure 0	Casing Pressure 0	Choke Size ---
Actual Prod. During Test 216	Oil - Bbls. 78	Water - Bbls. 138 Load	Gas - MCF 109

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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