

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
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

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	TEST ALLOWABLE
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	FEBRUARY 1988
	<input type="checkbox"/> Dry Gas	1100 BBLS.
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name TEXACO LAZY J STATE TN	Well No. 1	Pool Name, including Formation WILDCAT DEVONIAN	Kind of Lease State, Federal or Fee STATE	Lease No. B-39935
Location Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 26 Township 13S Range 33E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

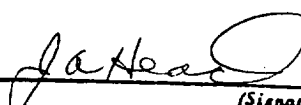
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO TRADING AND TRANSPORTATION INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 6196, MIDLAND, TEXAS 79711-019
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 : 0 Sec. : 26 Twp. : 13S 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.

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.


(Signature)
AREA SUPERINTENDENT
(Title)
FEBRUARY 5, 1988
(Date)

OIL CONSERVATION DIVISION
APPROVED **FEB 5 - 1988**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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.

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
Date Spudded 5/31/87	Date Compl. Ready to Prod. -----		Total Depth 13,410'		P.B.T.D. 13,172'				
Elevations (DF, RKB, RT, GR, etc.) 4207' GL	Name of Producing Formation DEVONIAN		Top Oil/Gas Pay 13,142'		Tubing Depth 10,050'				
Perforations 13,142 - 13,172' 2JSPF						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 FEB 5 1988
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