

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

Operator Texaco Producing Inc.	
Address P. O. Box 728, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
*Name change from State "R" #6 To Lovington Paddock Unit #83.	

II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Free State	Lease No.
Lovington Paddock Unit	83	Lovington Paddock unit	State	B-7766
Location				
Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>16S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

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 NM Pipeline Company (0095-0512)					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)	
Phillips 66 Natural Gas Company					4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	1	17S	36E	Yes	03/21/86

NOTE: Complete Parts IV and V on reverse side if necessary.

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. Browning
(Signature)
District Administrative Supervisor
(Title)
05/13/68
(Date)

APPROVED _____ MAY 20 1986 _____, 19_____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filled 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 IV. List address of owner, well name or number, or transporter. Do not include company or operator.

Separate Forms C-104 must be filled 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 Res'tv.	Diff. Res'tv.
		X			X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
03/13/86	03/21/86		8454'			8438'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3842' DF	Lovington Paddock		6054'			8438'			
Perforations 2 JSPI @ 6054, 58, 68, 6103, 05, 09, 15, 18, 21, 23, 40, 43, 46, 56, 62, 67, 72, 75, 79, 85, 88, 93, 96, 99, 6204, 10, 12, 14, 20, 23, 27, 31, 33, 35, 37, 45, 48, & 50 (78 BBL/GS)						Depth Casing Shoe			

CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18"		13 3/8"		248		245			
11"		8 5/8"		3290		1200			
7"		5 1/2"		8454		800			

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.)	
03/21/86	04/26/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	---	---	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	23	309	14

GAS WELL

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

RECEIVED
MAY 19 1986
INDIANAPOLIS