STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	0 M	$\overline{}$	П
SANTA FE		\top	
PILE	_	\Box	
U.S.Q.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I	
Operator	
Texaco Producing Inc.	
Address	
P. O. Box 728, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain) CASING(CEAL) GAS MUST NOT BE
X New Well Change in Transporter of:	FLAREN AD 1914 - 7-0-86
	UNITES AN EXCEPTION TO PAGE
Change in Ownership Castnahead Gas C	Condensate (C. ALVEL)
V sharp of american give name	The second secon
If change of ownership give name and address of previous owner	
·	
II. DESCRIPTION OF WELL AND LEASE	Formation Kind of Lease Lease No.
Lease Name Well No. Pool Name, including I	Company Control on Control
H. T. Montieth 2 Lovington Per	nn NE State, rederal or ree Fee
Location	
Unit Letter P : 660 Feet From The South Li	ne and 510 Feet From The East
Line of Section 20 Township 16S Range	37E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	Address (Give address to which approved copy of this form is to be sent)
Name of Authorszed Transporter of Cil or Condensate	
Koch Services Inc.	P. O. Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When
give location of tanks. P 20 16S 37E	No
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	OIL CONSERVATION DIVISION
	MAY 9 9 1000
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	
my knowledge and belief.	
. , ,	TITLE Oil & Gas Inspector
	This form is to be filed in compliance with RULE 1104.
All Maurine	If this is a request for allowable for a newly drilled or deepens
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
District Administrative Supervisor	All sections of this form must be filled out completely for allow
(Title)	able on new and recompleted wells.
05/21/86	Fill out only Sections I. II. III. and VI for changes of owner
(Date)	well name or number, or transporter, or other such change of condition

esting Method (putot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in) Choke Size
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Concensate
AS WELL			
•••	1 234	17 BLW	597
	532		Gas-MCF
24 hrs	Oil-Bhis.	Water - Bhia.	
	Tubing Pressure	Casing Pressure	Choze Size
05/07/86	05/07/86	Flos	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
OIL WELL	aste jor this	septh of be jor jult 24 hows)	of load oil and must be equal to or exceed to
	1	11,550'	2250 sx
7 7/8"	8 5/8" 5 1/2"	4411' 2450 sx	
17 1/2" 12 1/4"	13 3/8"	470' 550 sx	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT	
		ND CEMENTING RECORD	
2 JSPI, 11,392, 94, 1	1,400, 403, 405, 410, 4		Salari Sa
Perforations	1 DOVING CON TERM NE	11,392 11,413 Depth Coming Sace	
3805' GR	Lovington Penn NE		
Elevations (DF, RKB, RT, GR, etc.)	05/04/86 Name of Producing Formation	11,550' 11,500' Tubing Denth	
03/24/86	·	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	X !	
Designate Type of Completi	on = (X)	New Well Workover	Deepen Plug Back Same Res'v. Datt

