

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 Producing Inc.		
Address P. O. Box 728, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Check proper box)
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Oil	Casinghead Gas MUST NOT BE FLARED AFTER <u>9-1-88</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
<input type="checkbox"/> Recompletion	<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 THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State P	Well No. 13	Pool Name, including Formation Lovington Grayburg-San Andres	Kind of Lease State, Federal or Fee	State State	Lease No.
Location					
Unit Letter J	1350	Feet From The South	Line and 2410	Feet From The East	
Line of Section 32	Township 16-S	Range 37-E	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"/> Texas New Mexico Pipeline Co. (0095-0294)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mex. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 32 16 37
Is gas actually connected?	When 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

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. Heasler
(Signature)
Area Superintendent
(Title)
7/18/88
(Date)

OIL CONSERVATION DIVISION
JUL 29 '88

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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'y.	Diff. Res'y.
Date Spudded 5-12-88	Date Compl. Ready to Prod. 6-21-88		Total Depth 11240		P.B.T.D. 4911				
Elevations (DF, RKB, RT, GR, etc.) 3811 KB	Name of Producing Formation Lovington Grayburg-San Andres		Top Oil/Gas Pay 4703		Tubing Depth 4749'				
Perforations 4708-20 (25 holes)						Depth Casing Shoe 5000			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 48# H-40	460	550
12-1/4"	8-5/8" 32# K-55, S-80	4361	2050
7-7/8"	5-1/2" 17# J-55	5000	365
	2-7/8" 4.7# J-55	4749	

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 6-21-88	Date of Test 6-25-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 75	Oil - Bbls. 35	Water - Bbls. 40	Gas - MCF TSTM

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