CORRECTED COPY

State of New Mexico
Energy, Minerals and Natural Resources Department

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Corrected Copy

I.

Operator	Well API No.
Texaco Producing Inc.	30-025-30502

Address: PO Box 728, Hobbs, NM 88240

Reason(s) for Filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [X] Condensate [ ]
- Other (Please explain): show gas connection

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, ~~Federal or Fee~~)	Lease No.
State "P"	14	Lovington Penn, NE	State	B-7897

Location: Unit Letter F : 1830 Feet From The North Line and 1980 Feet From The West Line

Section 32 Township 16S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (XX) or Condensate ( )	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation	PO Box 6196, Midland, TX 79711
Name of Authorized Transporter of Casinghead Gas (XX) or Dry Gas ( )	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Co.	4001 Penbrook, Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	M	32	16S	37E	Yes	3/16/89

If this production is commingled with that from any other lease or pool, give commingling order number: Verbal-J.T. Sexton-3/6/89
60 Day Temporary Approval

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/6/89	2/23/89	11,304'	11,222'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3833' KB	Strawn	11,138'	11,193'
Perforations			**Depth Casing Shoe**
2 JSPF @ 11,138'-11,144' (7 int.; 14 holes)			11,300'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 48#	456'	550
12 1/4"	8 5/8" 32#	4400'	1850
7 7/8"	5 1/2" 15.5# & 17#	11,300'	1500
Tubing	2 7/8"	11,193'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/19/89	3/1/89	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hour	---	---	---
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
290	140	150	153

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

J A Head

Signature
James A. Head, Area Superintendent
Printed Name — Title
3/16/89 — 397-3571
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: MAR 28 1989

By: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title: _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.