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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.		Well API No. 30-025-30502
Address PO Box 728, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-1-89
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "P"	Well No. 14	Pool Name, Including Formation Lovington Penn, NE	Kind of Lease State State, Federal or Fee	Lease No. B-7897
Location Unit Letter <u>F</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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 & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 6196, Midland, TX 79711					
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 <u>F</u>	Sec. <u>32</u>	Twp. <u>16S</u>	Rge. <u>37E</u>	Is gas actually connected? No	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>1/6/89</u>	Date Compl. Ready to Prod. <u>2/23/89</u>		Total Depth <u>11,300'</u>		P.B.T.D. <u>11,218'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3833' KB</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>11,138'</u>		Tubing Depth <u>11,193'</u>			
Performances <u>2 JSPF @ 11,138'-11,144' (7 int.; 14 holes)</u>					Depth Casing Shoe <u>11,300'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>48#</u>	<u>456'</u>		<u>550</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>32#</u>	<u>4400'</u>		<u>1850</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>15.5# & 17#</u>	<u>11,300'</u>		<u>1500</u>			
Tubing	<u>2 7/8"</u>		<u>11,193'</u>					

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 <u>2/19/89</u>	Date of Test <u>3/1/89</u>	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test <u>24 Hours</u>	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test <u>370</u>	Oil - Bbls. <u>170</u>	Water - Bbls. <u>200</u>	Gas- MCF <u>110</u>

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

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
J. A. Head Area Superintendent
Printed Name
3/2/89 397-3571
Date Telephone No.

OIL CONSERVATION DIVISION

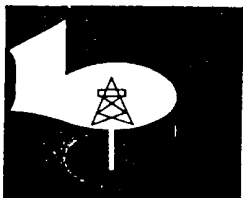
Date Approved MAR 6 1989

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 out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



BASIN DRILLING CORP.

650 LAKE POINTE TOWERS WEST • 4013 NORTHWEST EXPRESSWAY • OKLAHOMA CITY, OKLA. 73116 (405) 840-2911

DEVIATION SURVEY

TEXACO INC., STATE "P" WELL NO. 14-F 1830/N + 1980/W

SECTION 32-T-16-S, R-37-E, LEA COUNTY, NM

<u>DATE</u>	<u>DEPTH</u>	<u>DEGREE</u>
01/06/89	426	1/4
01/07/89	958	3/4
01/07/89	1,453	1 1/2
01/08/89	1,902	1
01/08/89	2,090	1
01/09/89	2,592	1 1/4
01/10/89	3,096	1
01/11/89	3,557	1 3/4
01/12/89	3,651	1 1/4
01/13/89	4,007	1 1/4
01/15/89	4,195	1/4
01/16/89	4,400	1/4
01/18/89	4,900	1/2
01/19/89	5,388	3/4
01/20/89	5,880	1
01/20/89	6,395	1/2
01/21/89	6,894	3/4
01/22/89	7,380	1/2
01/24/89	7,881	1
01/25/89	8,290	1/4
01/26/89	8,787	1
01/27/89	9,254	1/2
01/28/89	9,755	3/4
01/30/89	10,243	1
01/31/89	10,738	3/4
02/03/89	11,300	NG

Pete Martin

PETE MARTIN - DRLG. COST ANALYST

CORPORATION ACKNOWLEDGMENT

STATE OF OKLAHOMA)
) SS:
COUNTY OF CANADIAN)

On this 9th day of February, 1989, before me, the undersigned, a Notary Public, in and for the County and State aforesaid, personally appeared R.K. 'Pete' Martin to me known to be the identical person who signed the name of the maker thereof to the within and foregoing instrument as its Drlg. Cost Analyst and acknowledge to me that he executed and same as his free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.


Beverly J. Thompson

My Commission Expires:

11/18/90