

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

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 February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address TEXACO EXPLORATION & PRODUCTION INC. 205 E. Bender, HOBBS, NM 88240		² OGRID Number 022351	
⁴ API Number 30-025-34662		⁵ Pool Name ANDERSON RANCH WOLFCAMP	
⁷ Property Code 24758		⁸ Property Name GREEN STAR 14 STATE COM	
		³ Reason for Filing Code RT <i>effective 12/20/99</i> <i>500 bbls</i>	
		⁶ Pool Code 1900	
		⁹ Well No. 1	

II. ¹⁰ Surface Location

Ul or lot no N	Section 14	Township 16-S	Range 32-E	Lot.Idn	Feet From The 660	North/South Line SOUTH	Feet From The 2310	East/West Line WEST	County LEA
-------------------	---------------	------------------	---------------	---------	----------------------	---------------------------	-----------------------	------------------------	---------------

¹¹ Bottom Hole Location

Ul or lot no	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
¹² Lse Code S	¹³ Producing Method Code P		¹⁴ Gas Connection Date		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

¹⁸ Transporter OGRID 022507	¹⁹ Transporter Name and Address EQUILON ENTERPRISES LLC	²⁰ POD 2824599	²¹ O/G O	²² POD ULSTR Location and Description N-14-16S-32E LEA COUNTY, NM

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ Total Depth	²⁸ PBTD	²⁹ Perforations 9615-10,402 WOLFCAMP
³⁰ HOLE SIZE	³¹ CASING & TUBING SIZE	³² DEPTH SET	³³ SACKS CEMENT	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Date of Test	³⁷ Length of Test	³⁸ Tubing Pressure	³⁹ Casing Pressure
⁴⁰ Choke Size	⁴¹ Oil - Bbls.	⁴² Water - Bbls.	⁴³ Gas - MCF	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ 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.

Signature *J. Denise Leake*

Printed Name J. Denise Leake

Title Engineering Assistant

Date 12/17/99 Telephone 397-0405

OIL CONSERVATION DIVISION

Approved By: *ORIGINAL SIGNED BY JIMMY WILLIAMS*
DISTRICT SUPERVISOR

Title:

Approval Date:

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
-----------------------------	--------------	-------	------