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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

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 EXPLORATION AND PRODUCTION INC.	Well API No. 30-025-03086
Address P.O. BOX 730 HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "AB" STATE	Well No. 3	Pool Name, Including Formation VACUUM DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-1031
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>6</u> Township <u>18-S</u> Range <u>35-E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS NM PIPELINE CORP	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS, NEW MEXICO 88240				
Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137 EUNICE, NEW MEXICO 88231				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7	Twp. 18S	Rge. 35E	Is gas actually connected? YES	When ? 10-25-61

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-23-61	Date Compl. Ready to Prod. 2-21-93	Total Depth 8856'	P.B.T.D. 8115'					
Elevations (DF, RKB, RT, GR, etc.) 3970' GR	Name of Producing Formation VACUUM DRINKARD	Top Oil/Gas Pay 7600'	Tubing Depth 7755'					
Perforations 7600'-7640', 7664'-7712', 7796'-7981' (VACUUM DRINKARD)	Depth Casing Shoe 8856'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 10 3/4"	DEPTH SET 343'	SACKS CEMENT 250 SXS (CIRC)					
9 7/8"	7 5/8"	5404'	900 SXS CIRC, TOC 826'					
6 3/4"	4 1/2"	8856'	550 SXS CIRC, TOC 4489'					
* LINER TOP @ 5524'								

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 2-23-93	Date of Test 4-17-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure 25 PSI	Casing Pressure	Choke Size
Actual Prod. During Test 3000 GOR	Oil - Bbls. 2	Water - Bbls. 15	Gas- MCF 6

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.

Signature  
MONTE C. DUNCAN  
ENGR. ASST.  
Printed Name  
5-21-93  
Title  
393-7191  
Date  
Telephone No.

OIL CONSERVATION DIVISION

MAY 25 1993

Date Approved  
By  
Orig. Signed by  
Paul Kautz  
Geologist  
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.