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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. 30-025-20494
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 "M" STATE	Well No. 7	Pool Name, Including Formation VACUUM DRINKARD 3/1/93 R9937	Kind of Lease State, Federal or Fee STATE	Lease No. B-1080-2
Location Unit Letter F : 1800 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 1 Township 18-S Range 34-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXACO T & T INC. <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 6196 MIDLAND, TEXAS 79711					
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 P	Sec. 1	Twp. 18S	Rge. 34E	Is gas actually connected? YES	When? 5-25-93

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 X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 7-26-63	Date Compl. Ready to Prod. 5-1-93		Total Depth 12,220'		P.B.T.D. 7895'			
Elevations (DF, RKB, RT, GR, etc.) 4010' DF	Name of Producing Formation VACUUM DRINKARD		Top Oil/Gas Pay 7606'		Tubing Depth -			
Perforations 7530'-7588', 7606'-7666' (VACUUM DRINKARD)					Depth Casing Shoe 12,220'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		1513'		CMT CIRC			
12 1/4"	9 5/8"		4805'		TOC @ 200'			
WOLFCAMP	2 7/8"		10232'		TOC @ 1730'			
DRINKARD	2 7/8"		10198'		TOC @ 1730'			

OIL WELL GLORIETA 2 7/8" 7937' TOC @ 1730'
(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 5-2-93	Date of Test 5-25-93	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 1500 GOR	Oil - Bbls. 20	Water - Bbls. 6	Gas - MCF 30

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Title
6-16-93 393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 17 1993
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.

RECEIVED

JUN 17 1993

CD 6 ABS