

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

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. 30-025-29925
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		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "R" STATE NCT-3	Well No. 24	Pool Name, Including Formation VACUUM DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-1306-2
Location				
Unit Letter P	: 860	Feet From The SOUTH	Line and 660	Feet From The EAST
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 type="checkbox"/> or Dry Gas <input checked="" 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? 12-4-92
If this production is commingling 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 6-8-87	Date Compl. Ready to Prod. 12-4-92		Total Depth 11994'		P.B.T.D. 7982'			
Elevations (DF, RKB, RT, GR, etc.) 3985' GR	Name of Producing Formation (VACUUM DRINKARD)		Top Oil/Gas Pay 7638'		Tubing Depth 7584'			
Perforations 7638'-60', 7669'-83', 7700'-14', 7724'-48', 7754'-62' (86'-172 HLES)					Depth Casing Shoe 11994'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
30"	26"		407'		1000 SXS (CIRC)			
24"	20"		1565'		2150 SXS (CIRC)			
17 1/2" & 12 1/4"	9 5/8"		5000'		3700 SXS (CIRC)			
8 3/4"	7"		11000'		2050 SXS (CIRC)			

V. TEST DATA REQUEST FOR ALLOWABLE 5" 10779'-11676' 175 SXS (CIRC)
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 12-4-92	Date of Test 12-4-92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 80 PSI	Casing Pressure	Choke Size 19/64
Actual Prod. During Test	Oil - Bbls. 84	Water - Bbls. 0	Gas- MCF N/A

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
12-4-92 Title
393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION
DEC 08 '92
Date Approved _____
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.