

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Revised

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Texaco Inc.</u>	
Address <u>P.O. Box 728, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>M.T. Keohane Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Mescalero Escarpe - Bone Springs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-067229-A</u>
Location				
Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>14</u> Township <u>18-S</u> Range <u>33-E</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"/> <u>Texaco Trading &amp; Transportation Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 6176 Midland, Tx 79711</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>UNKNOWN</u>	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 Sec. Twp. Rge.
Is gas actually connected?	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

A. Gernandt  
Area Superintendent  
(Signature)  
(Title)  
9-22-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1987, 19  
BY Eddie W. Seay  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

# IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
8-16-87	9-14-87		9050		8850				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3391 KB	Bone Springs		8774		8682				
Perforations						Depth Casing Shoe			
8774-8789						9050			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	554'	550 SX
11"	8-5/8"	5110'	1275 SX
7-7/8"	5-1/2"	9050'	1550 SX
	2-7/8"	8682'	

## 7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top c. able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-14-87	9-15-87	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	385 psig	0	37/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
1485	1482	3	1121

## AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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