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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: TEXACO Producing Inc.

Address: P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):
- [X] New Well
- [ ] Recompletion
- [X] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other (Please explain): Lease Name Change

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE (SW NM-8561 11/88)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NM "2" ST TR	1	~~Wildcat~~ Bluitt-Tonka Atoka	State, Federal or Fee: State	B-3

Location
Unit Letter C : 660 Feet From The North Line and 2200 Feet From The West

Line of Section 2 Township 18-S Range 34-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation Inc.	P.O. Box 6196, Midland, TX
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Texaco Inc.	P.O. Box 728, Hobbs, NM

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	2	18s	34 E	Yes	10/14/87

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
(Signature)

Area Superintendent
(Title)

10/29/87
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 2 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 de... well, this form must be accompanied by a tabulation of the de... tests taken on the well in accordance with RULE 111.

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

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

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/30/87	10/14/87	12,200	12,109
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4036 KB	Wildcat (Undes.)	11,860	11,754
Perforations			**Depth Casing Shoe**
11,860-11,864, 11,871- 11,884 (4 JSPF)			12,200

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	413	900 SXS
18 1/2	16	1581	1250
14.75 & 12.25	9 5/8	5237	3500
8 3/4	5 1/2	12,200	3150

V. 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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/14/87	10/17/87	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs	2851	0	6/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	114	0	400

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**