

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Texaco Producing 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 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>Central Vacuum Unit</u>	Well No. <u>302</u>	Pool Name, including Formation <u>Vacuum Grayburg San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1306</u>
Location				
Unit Letter <u>H</u> : <u>2030</u> Feet From The <u>North</u> Line and <u>1310</u> Feet From The <u>East</u>				
Line of Section <u>6</u> Township <u>18-S</u> Range <u>35-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>Mobil Pipeline Co.</u> <u>Texas New Mexico Pipeline Co. (0095-0799)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 900, Dallas TX 75221</u> <u>P.O. Box 2528, Hobbs NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co. 66 N. 1st St.</u> <u>Texaco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa TX 79762</u> <u>P.O. Box 728, Hobbs NM 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>E</u> <u>31</u> <u>17S</u> <u>35E</u>
Is gas actually connected? <u>Yes</u> When <u>11-1-87</u>	

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. Germandt
A. Germandt (Signature)
Area Superintendent
(Title)
11-3-1987
(Date)

OIL CONSERVATION DIVISION

APPROVED TLV 11/1/87, 19 _____

BY Paul Kautz

TITLE Geologist

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 allow able 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 9-19-87	Date Compl. Ready to Prod. 10-19-87		Total Depth 4720'		P.B.T.D. 4720'				
Elevations (DF, RKB, RT, GR, etc.) 3988' KB	Name of Producing Formation Grayburg- San Andres		Top Oil/Gas Pay 4352'		Tubing Depth 4668'				
Perforations Open hole 4320' - 4720'					Depth Casing Shoe 4320'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	350'	1000 sk
17-1/2"	13-3/8" 54.5"	1545'	1450 sk
12-1/4"	9-5/8" 36, 40"	2778'	1250 sk
8-3/4"	7" 23"	4320'	750 sk

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)

Date First New Oil Run To Tanks 10-19-87	Date of Test 11-1-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Stroke Size
Actual Prod. During Test 45	Oil-Bbls. 42	Water-Bbls. 3	Gas-MCF 25.45

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (5bwt-1a)	Casing Pressure (5bwt-1a)	Stroke Size