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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30-025-31131
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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 "L" State	Well No. 11	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease (State) Federal or Fee	Lease No. B-1733-1
Location Unit Letter <u>A</u> : <u>604</u> Feet From The <u>North</u> Line and <u>856</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>18S</u> Range <u>34 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, New Mexico 88240					
Texas New Mexico Pipeline Company	Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					
Texaco Exploration and Production Inc	Address (Give address to which approved copy of this form is to be sent) West Star Route Box 425 Lovington, N.M. 88260					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 17S	Rge. 34E	Is gas actually connected? Yes	When? 06-28-91

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 03-28-91	Date Compl. Ready to Prod. 06-11-91		Total Depth 6300		P.B.T.D. 6250			
Elevations (DF, RKB, RT, GR, etc.) GR-3986, KB-4001	Name of Producing Formation Glorieta		Top Oil/Gas Pay 5956		Tubing Depth 6198			
Perforations 5956-70 4 JSPF, 56 holes; 5984-86, 5992-94, 5998-6002, 6026-29, 6054-58, 6066-71, 6088-92, 4 JSPF, 96 holes; 6145-50, 6159-63, 6170-73, 6189-92 4 JSPF 60 holes TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4 11 7 7/8	CASING & TUBING SIZE 11 3/4 8 5/8 5 1/2		DEPTH SET 1550 3000 6300		SACKS CEMENT 1400 sx (circ) 1050 sx (circ) D.V. Tool @ 1565 1375 sx (circ)			

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 05-08-91	Date of Test 06-28-91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2.5 X 1.5 X 24	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1724 GOR	Oil - Bbls. 58	Water - Bbls. 226	Gas- MCF 100

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.

Richard DeSoto
Signature
Richard DeSoto Engineer's Assistant
Printed Name
07-24-91
Date
393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved July 2, 1991

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

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