

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
TEXACO Inc.

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

Reason(s) for filing (Check proper box)

|  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well                | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    |
| <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> Oil            | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership     | <input type="checkbox"/> Casinghead Gas |                                     |

Other (Please explain)  
*Drill 604 w/ N Vac abt 1  
Vac well camp.*

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                  |                |   |  |                    |
|----------------------------------|----------------|---|--|--------------------|
| Lease Name<br>NM "O" State NCT-1 | Well No.<br>11 | Pool Name, including Formation<br>Vacuum Upper Penn | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>B-155 |
|----------------------------------|----------------|---|--|--------------------|

Location

Unit Letter F ; 1980 Feet From The North Line and 1780 Feet From The West

Line of Section 36 Township 17S Range 34E , NMPM; Lea 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"/><br>Texas New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 2528, Hobbs, NM 88240       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Texaco Inc.                          | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 728, Hobbs, New Mexico 88240 |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When   |
| 0 36 17S 34E  | Yes 05-04-86  |

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-4

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.

*Jim Branning*  
(Signature)  
District Administrative Supervisor  
(Title)  
May 15, 1986  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUL 8 1986, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT SUPERVISOR

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<br>X        | Gas Well                   | New Well  | Workover<br>X | Deepen                 | Plug Back | Same Res'v. | Diff. Res' |
| Date <del>Applied</del> Workover Commenced<br>04-23-86                   | Date Compl. Ready to Prod.<br>04-30-86           |                      | Total Depth<br>12,154'     |           |               | P.B.T.D.<br>10,250'    |           |             |            |
| Elevations (DF, RKB, RT, CR, etc.)<br>4022' KB                           | Name of Producing Formation<br>Vacuum Upper Penn |                      | Top Oil/Gas Pay<br>10,123' |           |               | Tubing Depth<br>-      |           |             |            |
| Perforations 4 JSPI<br>10,003, 35, 45, 10,123, 27, 29, 50, 70 (32 holes) |  |                      |                            |           |               | Depth Casing Shoe<br>- |           |             |            |
| <b>TUBING, CASING, AND CEMENTING RECORD</b>                              |  |                      |                            |           |               |                        |           |             |            |
| HOLE SIZE  |  | CASING & TUBING SIZE |                            | DEPTH SET |               | SACKS CEMENT           |           |             |            |
| 17 1/2"  |  | 13 3/8"              |                            | 350'      |               | 350 sx.                |           |             |            |
| 12 1/4"  |  | 10 3/4" & 9 5/8"     |                            | 4800'     |               | 1600 sx.               |           |             |            |
| 8 3/4"   |  | 4 1/2"               |                            | 12,154'   |               | 2300 sx.               |           |             |            |

#### 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<br>04-30-86 | Date of Test<br>05-04-86 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                  |
| Length of Test<br>24 hours                  | Tubing Pressure<br>-     | Casing Pressure<br>-                                     | Choke Size<br>-  |
| Actual Prod. During Test                    | Oil-Bbls.<br>-64.5       | Water-Bbls.<br>-62.5                                     | Gas-MCF<br>-53.4 |

**GAS WELL** *see C-116 for test allocated to upper Penn*

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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            |

RECEIVED  
MAY 28 1986  
HOBAS OFFICE

RECEIVED  
JUN 10 1986  
HOBAS OFFICE