

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719
DISTRICT III
10600 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies
☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address TEXACO EXPLORATION & PRODUCTION INC. 205 E. Bender, HOBBS, NM 88240		² OGRID Number 022351	³ Reason for Filing Code RC (HORIZONTAL LATERAL)
⁴ API Number 3002524112	⁵ Pool Name VACUUM ABO, NORTH	⁶ Pool Code 61760	
⁷ Property Code 11123	⁸ Property Name NORTH VACUUM ABO WEST UNIT	⁹ Well No. 5	

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
D	22	17S	34E		660	NORTH	660	WEST	LEA

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
N	15	17S	34E		522'	South	2055'	West	Lea
¹² Lse Code S	¹³ Producing Method Code P	¹⁴ Gas Connection Date 10/9/72		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date	

III Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
009171	GPM GAS CORP 4044 PENBROOK ODESSA, TX 79762	2496030	G	N-21-17S-34E LEA CNTY, NM
015126	MOBIL PIPELINE CO. P.O. BOX 900 DALLAS, TX 75221	2496010	O	N-21-17S-34E LEA CNTY, NM

IV. Produced Water

²³ POD 2496050	²⁴ POD ULSTR Location and Description N-21-17S-34E LEA CNTY, NM
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V. Well Completion Data

²⁵ Spud Date 4/4/98	²⁶ Ready Date 5/9/98	²⁷ Total Depth 10,430'	²⁸ PBTD 8684'	²⁹ Perforations 8669-8676' window
³⁰ HOLE SIZE		³¹ CASING & TUBING SIZE	³² DEPTH SET	³³ SACKS CEMENT
No Change				

VI. Well Test Data

³⁴ Date New Oil 5/10/98	³⁵ Gas Delivery Date	³⁶ Date of Test 7-03-98	³⁷ Length of Test 24 HRS	³⁸ Tubing Pressure	³⁹ Casing Pressure
⁴⁰ Choke Size	⁴¹ Oil - Bbls. 64	⁴² Water - Bbls. 209	⁴³ Gas - MCF 25	⁴⁴ AOF	⁴⁵ Test Method P

⁴⁶ 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.		OIL CONSERVATION DIVISION Approved By: _____ Title: _____ Approval Date: 10/25/98			
Signature: J. Denise Leake					
Printed Name: J. Denise Leake					
Title: Engineering Assistant					
Date: 9/11/98		Telephone: 397-0405			
⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528					
Previous Operator Signature		Printed Name		Title Date	

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Amended Report

Form C-105
Revised 1-1-89

WELL COMPLETION OR RECOMPLETION REPORT AND LOG															
1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <u>DIRECTIONAL DRILL</u>					WELL API NO. 3002524112										
b. Type of Completion: NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RES. <input type="checkbox"/> OTHER					5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>										
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					6. State Oil / Gas Lea 857947										
3. Address of Operator 205 E. Bender, HOBBS, NM 88240					7. Lease Name or Unit Agreement Name NORTH VACUUM ABO WEST UNIT										
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>22</u> Township <u>17S</u> Range <u>34E</u> NMPM LEA COUNTY					8. Well No. 5										
10. Date Spudded 4/4/98					11. Date T.D. Reached 4/24/98		12. Date Compl. (Ready to Prod.) 5/9/98		13. Elevations (DF & RKB, RT, GR, etc.) 4048 GR						
15. Total Depth 10,430'		16. Plug Back T.D. 8684'		17. If Mult. Compl. How Many Zones?		18. Intervals Drilled By		Rotary Tools		Cable Tools					
19. Producing Interval(s), of this completion - Top, Bottom, Name 8680'-10430' VACUUM ABO (8669-8676' WINDOW)										20. Was Directional Survey Made YES					
21. Type Electric and Other Logs Run CCL/GR										22. Was Well Cored No					
23. CASING RECORD (Report all Strings set in well)															
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENT RECORD		AMOUNT PULLED					
						No Change									
24. LINER RECORD												25. TUBING RECORD			
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		SIZE		DEPTH SET		PACKER SET	
										2 7/8"		8629'			
26. Perforation record (interval, size, and number) 8669-8676' window										27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
										DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
										8680-10430'		100,000 GALS 15% NEFE			
												110,000 GALS WF130			
28. PRODUCTION															
Date First Production 5/9/98		Production Method (Flowing, gas lift, pumping - size and type pump) PUMPING (N/A)								Well Status (Prod. or Shut-in) PROD					
Date of Test 7-03-98		Hours tested 24 HRS		Choke Size		Prod'n For Test Period		Oil - Bbl. 64		Gas - MCF 25		Water - Bbl. 209		Gas - Oil Ratio 390	
Flow Tubing Press.		Casing Pressure		Calculated 24-Hour Rate		Oil - Bbl.		Gas - MCF		Water - Bbl.		Oil Gravity - API -(Corr.)			
29. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD										Test Witnessed By					
30. List Attachment															
31. I hereby certify that the information on both sides of this form is true and complete to the best of my knowledge and belief.															
SIGNATURE <i>J. Denise Leake</i> TITLE <u>Engineering Assistant</u>										DATE <u>9/11/98</u>					
TYPE OR PRINT NAME <u>J. Denise Leake</u>										Telephone No. <u>397-0405</u>					