

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Producing Inc.	
Address PO Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input 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"/> Castinthead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Re-entry

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Lovington Unit	Well No. 64	Pool Name, including Formation Lovington San Andres West	Kind of Lease State, Federal or Fee	Lease No. B-4120-1
Location Unit Letter <u>E</u> ; <u>2080</u> Feet From The <u>North</u> Line and <u>989</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>17-S</u> Range <u>36-E</u> , 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"/> Texas New Mexico Pipeline Co. (0095-0003)	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Castinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 5 17S 36E
Is gas actually connected?	When Yes Unknown

If this production is commingling 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.

Ja Head
(Signature)
Area Superintendent
7-1-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL COPY
TITLE _____

This form is to be filled 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded 6-2-83	Date Compl. Ready to Prod. 6-9-88			Total Depth 9500'			P.B.T.D. 5080'		
Elevations (DF, RKB, RT, GR, etc.) 3910' KB	Name of Producing Formation Lovington San Andres, W			Top Oil/Gas Pay 4730'			Tubing Depth 5057'		
Perforations 4730,33,37,40,45,47,49,52,55,57,60,62,64,70,73,78,82,86,90,96,98,4800,2,4,6,8,10,13,18,23,27,32,40,42,52,54,74,76,99,4903,6,15,17,29,BELOW							Depth Casing Shoe 5200'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20", 94#	310'	700
17 1/2"	13 3/8", 48 & 54.5#	1950'	2200
12 1/4"	8 5/8", 32 & 24#	5200'	2050
	2 7/8" 4.7#	5057'	

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 6-14-88	Date of Test 6-27-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 245	Oil-Bbls. 36	Water-Bbls. 209	Gas-MCF 9

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

Continuation of Perforations: 4933, 38,63,79,81,87,90,95,97,5005,07,09,11,17,27.

JUL 1 - 1988

MDL