

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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)

<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)

If change of ownership give name and address of previous owner. THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM "BM" State	Well No. 1	Pool Name, including Formation Undesignated San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-1565
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1652</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>17S</u> Range <u>36E</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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 6196, Midland, TX 79711
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>16</u> Twp. <u>17S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>3/13/88</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.

397-3571

Ja Heas
(Signature)

Hobbs Area Superintendent
(Title)

April 13, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1988, 19
BY Orig. Signed by, Paul Kautz
Geologist
TITLE _____

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 deviatric 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
		X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
1/1/88 (workover)	3/13/88		9461'		6165'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3875.6' KB	Undesignated San Andres		5178'		5204'				
Perforations					Depth Casing Shoe				
5178'-5187' (10 int., 20 holes)					9461'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	11 3/4", 42#	407'	400
12 1/4"	9 5/8", 32#	4200'	1550
7 7/8"	5 1/2", 17#	9461'	1335
	2 7/8", 4.7#	5204'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/13/88	3/23/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	---	---	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
30 barrels	19	11	8

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

RECEIVED

MAY 10 1988

7:00
J. C. GATLE