

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.S.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Texaco Producing Inc.
Address P.O. Box 728, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
☒ New Well ☐ Recompletion ☐ Change in Ownership
Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ casinghead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Central Vacuum Unit</u>	Well No. <u>242</u>	Pool Name, including Formation <u>Vacuum Grayburg San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1565</u>
Location Unit Letter <u>A</u> : <u>90</u> Feet From The <u>North</u> Line and <u>706</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>17-S</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"/> <u>Texco New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Inc. / Phillips Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 728, Hobbs / 4001 Pembroke, Odessa, TX 79362</u>	
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>31</u> Twp. <u>17-S</u> Rge. <u>35-E</u>	Is gas actually connected? <u>yes</u>	When <u>3-21-88</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.

A. Hernandez
(Signature)
Area Superintendent
(Title)
3-29-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 31 1988
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 recompleting 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'v.	Diff. Res'v.
		X		X					
Date Spudded 3-1-88	Date Compl. Ready to Prod. 3-24-88	Total Depth 4720				P.B.T.D.			
Wellbore (DF, RKB, RT, CR, etc.) 3553, KRB-40055	Name of Producing Formation Vacuum Grayburg Sandstone	Top Oil/Gas Pay 4278				Tubing Depth 4611			
Perforations Open Hole 4278 - 4720						Depth Casing Shoe 4278			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	354'	850
17 1/2"	13 3/4"	1611'	1600
12 1/4" + 8 3/4"	7"	4278'	2250

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 3-21-88	Date of Test 3-24-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 1228	Gas - MCF 6

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Cementing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

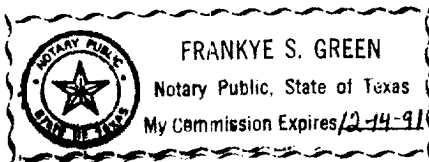
FIELD Vacuum Grayburg San Andres COUNTY Lea OCC NUMBER _____
OPERATOR TEXACO INC. ADDRESS P. O. Box 728 - Hobbs, New Mexico 88240
LEASE Central Vacuum Unit WELL NO. 242
SURVEY Sec. 36, 10' FNL, 660' FEL, T-17-S, R-34-E

RECORD OF INCLINATION

<u>DEPTH (FEET)</u>	<u>ANGLE OF INCLINATION (DEGREES)</u>
354	1
832	1
1,297	1/2
1,610	3/4
2,137	3/4
2,635	3/4
3,135	1/2
3,518	1
3,980	1 1/4
4,278	1 1/4
4,720	3/4

Certification of personal knowledge inclination data:

I hereby certify that I have personally assembled the data and facts placed on this form, and such information given above is true and complete to the best of my knowledge.



HONDO DRILLING COMPANY
BY: [Signature]
Walter Frederickson, Vice President

Sworn and subscribed to before me the undersigned authority, on this the

22nd day of March, 1988.

Frankye S. Green Notary Public in and for Midland County, TX.
Frankye S. Green

RECEIVED
MAR 30 1988
OCD
HCB'S OFFICE