

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------|--|
| NO. OF COPIES DESIRED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.A. | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

I. Operator Texaco Producing Inc.

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

Reason(s) for filing (Check proper box)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-22-88 UNLESS AN EXCEPTION TO R-4010 IS OBTAINED. |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---|--|---|---------------------------|
| Lease Name <u>N.M. "O" State (Nct-1)</u> | Well No. <u>28</u> | Pool Name, including Formation <u>Vacuum Glorieta</u> | Kind of Lease <u>State, Federal or Fee State</u> | Lease No. <u>B-155</u> |
| Location | | | | |
| Unit Letter <u>J</u> | <u>1653</u> Feet From The <u>South</u> Line and <u>2309</u> Feet From The <u>East</u> | | | |
| Line of Section <u>36</u> | Township <u>17-S</u> | Range <u>34-E</u> | <u>NMPM</u> | County <u>Lea</u> |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Texas - New Mexico Pipeline Co.</u> | <u>P.O. Box 2528, Hobbs NM 88240</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Texaco Inc.</u> | <u>P.O. Box 728, Hobbs NM 88240</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>0</u> Sec. <u>36</u> Twp. <u>17S</u> Rge. <u>34E</u> | <u>No</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. Gernandt (Signature)
Area Superintendent (Title)
3-29-88 (Date)

OIL CONSERVATION DIVISION
MAR 31 1988
APPROVED _____, 19____
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 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.

WELL COMPLETION DATA

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resrv. | Dill. Resrv. |
| | | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | | |
| 2-14-88 | 3-22-88 | | 6275' | | | 6149' | | | |
| Perforations (DF, AKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| 4006' KB | Glorieta | | 5925' | | | 6120' | | | |
| Locations | | | | | | Depth Casing Shoe | | | |
| 2 JSPF at 6094-6102', 6116-6120' | | | | | | 6275' | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 20" | 16" | 400' | 650 |
| 14-3/4" | 11-3/4" | 1540' | 1300 |
| 11" | 8-5/8" | 4840' | 1400 |
| 7-7/8" | 5-1/2" | 6275' | 1100 |

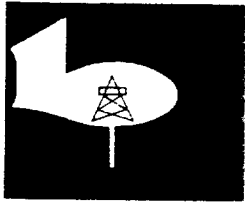
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 3-22-88 | 3-25-88 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | | | |
| Average Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| 253 | 163 | 90 | 123.9 |

WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Average Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Sealing Method (plug, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size |
| | | | |

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BASIN DRILLING CORP.

DEVIATION SURVEY

TEXACO PRODUCING INC. - NEW MEXICO "O" STATE (NCT-1) WELL No. 28

SECTION 36-17S-34E, Lea County, New Mexico

| <u>DATE</u> | <u>DEPTH</u> | <u>DEGREE</u> |
|-------------|--------------|---------------|
| 02/14/88 | 400' | 1/2 |
| 02/17/88 | 644' | 1/2 |
| 02/17/88 | 1,070' | 1/4 |
| 02/18/88 | 1,540' | 1/2 |
| 02/21/88 | 2,800' | 1 |
| 02/23/88 | 3,271' | 3/4 |
| 02/24/88 | 3,740' | 1/2 |
| 02/26/88 | 4,238' | 3/4 |
| 02/27/88 | 4,840' | 1 |
| 03/01/88 | 5,346' | 1 1/4 |
| 03/02/88 | 5,871' | 1 1/4 |
| 03/03/88 | 6,275' | 3/4 |

SIGNED BY: Jim W. Foster

TITLE: PRESIDENT

CORPORATION ACKNOWLEDGMENT

STATE OF OKLAHOMA)
) SS.
COUNTY OF CANADIAN)

On this 4th day of March, 1988, before me, the undersigned, a Notary Public, in and for the County and State aforesaid, personally appeared Jim W. Porter to me known to be the identical person who signed the name of the maker thereof to the within and foregoing instrument as its President and acknowledge to me that he executed and same as his free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

A handwritten signature in cursive script, reading "Beverly J. Thompson", is written over a horizontal line.

My Commission Expires:

11/18/90