

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	TEXACO EXPLORATION & PRODUCTION INC.	Well API No.	30-025-32339
Address	P.O. BOX 730, HOBBS, NM 88240		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
REQUEST TEST ALLOWABLE OF 5797 BARRELS FOR THE MOUTH OF MARCH 1994			

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
NEW MEXICO O STATE NCT-1	36	VACUUM DRINKARD	STATE	548570
Location				
Unit Letter <u>N</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>2210</u> Feet From The <u>WEST</u> Line				
Section <u>36</u> Township <u>17S</u> Range <u>34E</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"/>	Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
TEXAS NEW MEXICO PIPELINE			P.O. BOX 2528 HOBBS, NEW MEXICO 88240	
Name of Authorized Transporter of	Casinghead Gas <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
TEXACO E & P INC.			P.O. BOX 3000 TULSA, OKLAHOMA 74102-3000	
If Well Produces oil or liquids, give location of tanks	Unit P	Sec. 1	Twp. 18S	Rge. 34E
				Is gas actually connected? YES
				When? 3/9/94

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 a full 24 hours.)


Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

	
Signature	Engr Asst
Monte C. Duncan	
Printed Name	Title
3-8-94	397-0418
Date	Telephone No.

OIL CONSERVATION DIVISION

MAR 10 1994

Date Approved
By
Title ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only sections I, II, III, and VI for changes in operator, well name or number, transporter, or other such changes
- 4) Seperate Form C-104 must be filed for each pool in multiply completed wells.