

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION AND PRODUCTION INC.	Well API No. 30-025-04048
Address P.O. BOX 730 HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: REQUEST NAME CHANGE TO Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> NEW MEXICO "F" STATE COM #1 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "F" STATE COM	Well No. 1	Pool Name, Including Formation EUMONT YATES 7 RIVERS QN GAS	Kind of Lease State, Federal or Fee STATE	Lease No. B-3464
Location Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 24 Township 19-S Range 36-E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO E & P INC.	P.O. BOX 1137 EUNICE, NEW MEXICO 88231					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 24	Twp. 19S	Rge. 36E	Is gas actually connected? YES	When? 11-4-92

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
		X		X		X		X
Date Spudded 10-21-35	Date Compl. Ready to Prod. 11-4-92		Total Depth 4020'		P.B.T.D. 3815'			
Elevations (DF, RKB, RT, GR, etc.) 3701' DF	Name of Producing Formation EUMONT YATES 7R QN GAS		Top Oil/Gas Pay 3436'		Tubing Depth 3420'			
Perforations 3436'-3623' (53 INT-106 HOLES)					Depth Casing Shoe 4020'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12 1/2"		264'		250 SXS (CIRC)			
10 3/4"	9 5/8"		1385'		1200 SXS (CIRC)			
8 5/8"	7 "		3900'		400 SXS (TOC @ 1475')			

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 for full 24 hours.)

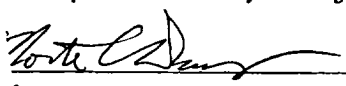
Date First New Oil Run To Tank 11-6-92	Date of Test 11-9-92	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" X 1 1/4" X 16' RHBC	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls. 18	Gas - MCF 312

S WELL

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

OPERATOR CERTIFICATE OF COMPLIANCE

by certify that the rules and regulations of the Oil Conservation
on have been complied with and that the information given above
and complete to the best of my knowledge and belief.


MONTE C. DUNCAN ENGR. ASST.
Date 11-20-92 Title 393-7191
Telephone No.

OIL CONSERVATION DIVISION
NOV 24 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title

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

Test for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Rule 111.

Sections of this form must be filled out for allowable on new and recompleted wells.

It only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Form C-104 must be filed for each pool in multiply completed wells.