

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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.U.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
TEXACO Inc.

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

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well
Recompletion
Change In Ownership

Change In Transporter of:
Oil
Casinghead Gas

X

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| New Mexico 'E' St.NCT-1 #5 | | Monument Abo | State, Federal or Fee State | B-154 |
| Location | | | | |
| Unit Letter | K | 1980 | Feet From The | South |
| | | | Line and | 2082 |
| | | | Feet From The | West |
| Line of Section | 1 | Township | 20-S | Range |
| | | | 36-E | NMPM, Lea |
| | | | | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|--|
| Name of Authorized Transporter of Oil | <input checked="" type="checkbox"/> or Condensate | Address (Give address to which approved copy of this form is to be sent) |
| Texas New Mexico Pipeline Co. | | P. O. Box 2528, Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Casinghead Gas | <input checked="" type="checkbox"/> or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co. | | P. O. Box 1384, Jal, New Mexico 88252 |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | M | 1 |
| | | 20-S |
| | | 36-E |
| | | Yes |
| | | 4-30-80 |

If this production is commingled with that from any other lease or pool, give commingling order number: PC-559

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, RRB, RT, CR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | | |
|-----------|--------|-------------|-----------|--------------|
| HOLE SIZE | CASING | TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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)

Assistant District Superintendent

April 30, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Orig. Signed by
Jerry Sexton
Dist. L. Supv.

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