

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Inc.

Address
P. O. Box 728, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:
☐ Recompletion	☐ Oil
☐ Change in Ownership	☐ Casinghead Gas
	☐ Dry Gas
	☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "F" State	Well No. 3	Pool Name, including Formation Eunice Monument Grayburg SA	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter P , 330 Feet From The South Line and 330 Feet From The East				
Line of Section 24 Township 19S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas NM Pipeline Company	P. O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.	P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	24	19	36	Yes	09/09/86

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.


(Signature)

District Administrative Supervisor
(Title)

09/30/86
(Date)

OIL CONSERVATION DIVISION

APPROVED **09/30/86**, 19

BY **Orig. Signed by**

Paul Kautz

TITLE **Geologist**

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Resrv.	Full Resrv.
	X		X					

Date Spudded	08/17/86	Date Compl. Ready to Prod.	3960'	P.B.T.D.	3945'
Elevations (DF, RKB, RT, CR, etc.)	09/09/86	Name of Producing Formation	Grayburg San Andres	Top Oil/Gas Pay	3909'
Perforations	3692' GR			Depth Casing Shoe	3933'
3909. 12. 14. 17. 19. 23. 25. 27. 32. 36					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8"	415'	400
7 7/8"	5 1/2"	3960'	950

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	09/09/86	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	09/09/86	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
24 hr.	57	146	40

GAS WELL

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

3692' GR
09/09/86
1001 2 100