

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
LOCATION 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

Texaco Inc.	
Address	
P. O. Box 728, Hobbs, NM 88240	
Person(s) for filing (Check proper box)	
New Well	Change in Transporter of:
Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Other (Please explain)	
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico "F" State	4	Eunice Monument Grayburg Sand	State, Federal or Fee State	
Location				
Unit Letter	I	1654 Feet From The South Line and 330 Feet From The East		
Line of Section	24	Township	19S	Range 36E, NMPM, County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

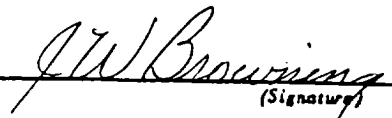
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas NM Pipeline Company	P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	P. O. Box 1589, Tulsa, OK 74102
Well produces oil or liquids, and location of tanks.	Is gas actually connected? When
Unit I Sec. 24 Twp. 19 Rge. 36	Yes 11/24/86

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

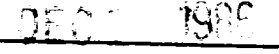
NOTE: Complete Parts IV and V on reverse side if necessary.

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)
1/26/86
(Date)

OIL CONSERVATION DIVISION

APPROVED  1986, 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.

IV. COMPLETION DATA

IV. COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
			X		X					
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
10/18/86		11/01/86			3945'			3944'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3686' GR		Grayburg San Andres			3876'			3909'		
Perforations								Depth Casing Shoe		
3876 78 84 86 3901 04 06 15 20 30 32 34								--		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
22"	8 5/8"	405'	400 SX
7 7/8"	5 1/2"	3945'	1100 SX

V. 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 able 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.)	
11/24/86	11/24/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hr	--	--	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	28	0	106

GAS WELL

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