

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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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, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name C.H. Weir "A"	Well No. 8	Pool Name, Including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>1985</u> Feet From The <u>North</u>				
Line of Section <u>12</u> Township <u>20S</u> Range <u>37E</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"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12
	Twp. 20S	Rge. 37E
	Is gas actually connected? Yes	When 4/10/85

If this production is commingled with that from any other lease or pool, give commingling order number: PC-83

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.

W.B. Loh

Dist. Opr. Mgr.

(Signature)

April 16, 1985

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 19 1985, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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.

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded April 24, 1962	Date Compl. Ready to Prod. April 10, 1985		Total Depth 6884			P.B.T.D. 6750'			
Elevations (DF, RKB, RT, GR, etc.) 3574 DF	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6772'			Tubing Depth Tubingless			
Perforations 6672'-6682' (18 holes)						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		9 5/8		1439		450			
8 3/4		2 7/8		6883		1800			
8 3/4		2 7/8		6882		1800			
8 3/4		2 7/8		5416		1800			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/10/85	Date of Test 4/10/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 11	Water - Bbls. 88	Gas - MCF 562

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

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WELL SERVICE