

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

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

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

State of New Mexico
Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30 025 06180
Address P. O. Box 730 Hobbs, New Mexico 88240-2528		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO H STATE NCT 4	Well No. 27	Pool Name, Including Formation EUMONT YATES 7 RVRS QN (PRO GAS)	Kind of Lease State, Federal or Fee STATE	Lease No. 547780
Location Unit Letter L : 1653 Feet From The SOUTH Line and 969 Feet From The WEST Line Section 19 Township 20S Range 37E, 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"/> None	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"/> Texaco Exploration and Production Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When? UNKNOWN

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

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	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

VI. OPERATOR 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 K. M. Miller
K. M. Miller Div. Ops. Engr.
Printed Name Title
May 7, 1991 915-688-4834
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



LTR



Job separation sheet

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WELL API NO.	30-025-06180
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-160
7. Lease Name or Unit Agreement Name	
New Mexico "H" State NCT-4	
8. Well No.	27
9. Pool name or Wildcat	Eumont Yates 7 Rvrs Qn
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3541 GR	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Texaco Producing Inc.
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	4. Well Location Unit Letter L : 1653 Feet From The South Line and 969 Feet From The West Line Section 19 Township 20S Range 37E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3541 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. MIRU. Pld rods & pmp. Lowered tbq. Tag fill @ 3527. POH.
2. TIH w/ pkr. Set @ 3317. Attempted to load casing. Had leak.
3. Set RBP @ 3300'. Tstd RBP to 1000#. OK. Tested from 784'-3300' at 1000#. Held OK. Located leak @ 752'. Est Rate @ 3 BPM with full circulation out of 8-5/8".
4. Ran free point, found 5-1/2" free at 1150'. Backed 5-1/2" off at 824'. POH.
5. TIH w 27 jts 5-1/2" csg, screw onto fish. Tstd to 500#. OK. Cut off csg. Installed wellhead. Tested to 1500#. OK.
6. Retrieved RBP. TIH w/ pkr. Set @ 3285'. Load & test csg to 500#. OK.
7. Acidized Eumont OH (3358-3550) w/ 3000 gal 15% NEFE. Max Press = 2040#. AVIR = 8 BPM.
8. Frac Eumont w/ 23950 gal 40# linear gel, 23950 gal CO2 & 187240# 12/20 sand. Max Press = 3629#. AVIR = 30 BPM.
9. Flowed back 5 hrs. Well died.
10. POH w/ pkr. TIH w/ bit. Tagged fill @ 3358'. Cleaned out to 3525'. POH. Ran tbq, rods, pump.
11. OPT 9-9-90 0 BOPD, 18 BWPD, 496 MCFD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE L. D. Ridenour TITLE Engineer's Assistant DATE 9-18-90
TYPE OR PRINT NAME L. D. Ridenour TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 9-18-90
CONDITIONS OF APPROVAL, IF ANY: