

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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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 RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator TEXACO PRODUCING INC.

Address P.O. BOX 728, HOBBS, NEW MEXICO

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>DOWNHOLE COMMINGLED BLUEBRY OIL &amp; GAS AND TUBB OIL &amp; GAS ZONES</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>TUBB OIL &amp; GAS</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B 8790</u>
Location				
Unit Letter <u>N</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>				
Line of Section <u>36</u> Township <u>21S</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS N.M. PIPELINE CO.</u>	<u>P.O. BOX 2528, HOBBS, N.M. 88240</u>
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)
<u>TEXACO PRODUCING CO.</u>	<u>P.O. BOX 3000, TULSA, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>36</u> Twp. <u>21S</u> Rge. <u>37E</u>	<u>YES</u> <u>UNKNOWN</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-644

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.

K.L. Johnson  
(Signature)  
AREA SUPERINTENDENT

AUG 26 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 1 1987, 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

DOWNHOLE COMMINGLED

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-14-87	Date Compl. Ready to Prod. 7-20-87		Total Depth 6530		P.B.T.D. 6400				
Elevations (DF, RKB, RT, GR, etc.) 3376 D.F.	Name of Producing Formation TUBB OIL & GAS		Top Oil/Gas Pay 6015		Tubing Depth 6281'				
Perforations 6015' - 6296' TUBB OIL & GAS						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
1 7/8"		13 3/8"		333'		350			
11"		8 5/8"		3004'		1400			
7 7/8"		5 1/2"		6530'		500			

#### 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 7-20-87	Date of Test 8-15-87	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test Pmp 90/12 <sup>w</sup> /180 <sup>mcf</sup>	Oil - Bbls. 2 *	Water - Bbls. 2 *	Gas - MCF 144 *

#### 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

\* ALLOCATION TO TUBB OIL & GAS POOL AS PER DHC-644 DATED APRIL 6, 1987.

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