

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-------------|
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| SANTA FE | |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator **TEXACO Inc.**

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

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Recompletion | <input checked="" type="checkbox"/> | Oil | <input type="checkbox"/> | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | |
| | | Dry Gas | <input type="checkbox"/> | |
| | | Condensate | <input type="checkbox"/> | |

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

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|-------------------------|--|--|----------------------------|
| Lease Name C.H. Weir "A" | Well No. 10 | Pool Name, including Formation Skaggs Drinkard | Kind of Lease State, Federal or Fee Fee | Lease No. - |
| Location | | | | |
| Unit Letter J | 2306 | Feet From The East | Line and 1980 | Feet From The South |
| Line of Section 12 | Township 20-S | Range 37-E | NMPM, Lea | County |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|-------------------|---------------------|---------------------|--|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corp. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1010, Midland, TX 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp. | 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 fluids, give location of tanks. | Unit K | Sec. 12 | Twp. 20-S | Rge. 37-E | is gas actually connected? Yes | When 7-23-80 |
| If this production is commingled with that from any other lease or pool, give commingling order number: PC-83 (DHC - 286) | | | | | | |

COMPLETION DATA

| | | | | | | | | |
|---|--|---------------------------------|--------------------------------------|-------------------------------------|--------|-----------|--------------|-------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> |
| Date Spudded 7-6-84 | Date Compl. Ready to Prod. 7-23-80 | Total Depth 6850' | P.B.T.D. 6812' (Drk. Zone) | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3577' (DF) | Name of Producing Formation Drinkard | Top Oil/Gas Pay 6676' | Tubing Depth 6782' | | | | | |
| Perforations Perf. Drk w/2 JSPF @ 6676', 80', 86', 90', 94', 6701', 27', 34', 38', 42' & 6793'; w/1 JSPF 6786'-6790', 6798'-6802', & 6808'-6812' | | | Depth Casing Shoe 6850' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 11" | 8-5/8" | 1410' | 550 | | | | | |
| 7-7/8" | 2-7/8" | 6842' | 1000 | | | | | |
| 7-7/8" | 2-7/8" | 6847' | 1000 | | | | | |

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 oil's able for this depth or be for full 24 hours)

| | | | |
|---|--|---|------------------------|
| Date First New Oil Run To Tanks 7-23-80 | Date of Test 7-23-80 | Producing Method (Flow, pump, gas lift, etc.) Pumping - 1-1/4" pump | |
| Length of Test 24 hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test | Oil-Bbls. Drinkard Zone Only - 21 | Water-Bbls. 31 | Gas-MCF 163 |

GAS WELL

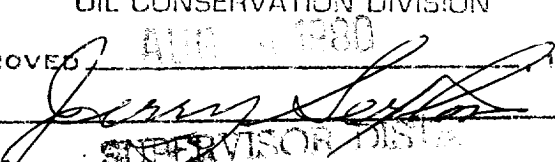
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in)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

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.

Asst. Dist. Supt.
7-30-80
(Date)

OIL CONSERVATION DIVISION

APPROVED  1980

BY **SUPERVISOR DISTRICT**

TITLE _____

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 multiple completed wells.