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State of New Mexico
Energy, 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. 30-025-27620 ✓	
Address P. O. Box 730 Hobbs, New Mexico 88240-2528			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

Carned Bilibrey Basin Bore Spr.

II. DESCRIPTION OF WELL AND LEASE

Lease Name BILBREY 5 FEDERAL	Well No. 1	Pool Name, Including Formation UNDESIGNATED DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-14491
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>5</u> Township <u>22-S</u> Range <u>32-E</u> , NMPM, LEA 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"/> Texaco Trading and Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 6196 MIDLAND, TEXAS 79711					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TRANSWESTERN PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1188 HOUSTON, TEXAS 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 5	Twp. 22S	Rge. 32E	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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 11-26-81	Date Compl. Ready to Prod. 2-3-93		Total Depth 14,915'		P.B.T.D. 10,000'			
Elevations (DF, RKB, RT, GR, etc.) GR-3705.7'	Name of Producing Formation UNDESIGNATED DELAWARE		Top Oil/Gas Pay 8560'		Tubing Depth 8685'			
Perforations 8560' - 8602' (2 JSPF, 42 FT - 84 HOLES)					Depth Casing Shoe 14,915'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 1/2"		520'		500 SXS			
12 1/4"	9 5/8"		4813'		3300 SXS			
8 1/2"	7"		12695'		1875 SXS			
6 1/8"	5"		14915'		425 SXS			

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 2-4-93	Date of Test 3-14-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING - 2 1/2" X 1 1/2" X 2" X 20' RHBC	
Length of Test 24 HOURS	Tubing Pressure 20#	Casing Pressure	Choke Size
Actual Prod. During Test 2917 GOR	Oil - Bbls. 12	Water - Bbls. 187	Gas- MCF 35

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.

Monte C. Duncan

Signature
MONTE C. DUNCAN ENGR. ASST.

Printed Name
4-5-93 Title
505-393-7191

Date
Telephone No.

OIL CONSERVATION DIVISION

APR 09 1993

Date Approved

By ORIGINAL SIGNATURE OF APPROVING SUPERVISOR

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.

CONFIDENTIAL

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