

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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

Operator TEXACO INC.	
Address P.O. BOX 728, HOBBS, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name C.H. WEIR "A"	Well No. 17	Pool Name, including Formation SKAGGS DRINKARD	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>K</u> : <u>2103</u> Feet From The <u>West</u> Line and <u>1720</u> Feet From The <u>South</u> Line of Section <u>12</u> Township <u>20S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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 PIPELINE CO.	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 COMPANY	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?	When 8/29/85

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

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.


(Signature)
District Operations Manager
(Title)
10/7/85
(Date)

OIL CONSERVATION DIVISION

OCT 10 1985

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded 8/3/85	Date Compl. Ready to Prod.		Total Depth 7021'		P.B.T.D. 7019'				
Elevations (DF, RKB, RT, GR, etc.) 3557'	Name of Producing Formation Skaggs Drinkard		Top Oil/Gas Pay 6609'		Tubing Depth				
Perforations 6609-6830'		2 SPF		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15	11 3/4		1450		1350 SX				
11	8 5/8		3996		1300 SX				
7 7/8	5 1/2		7021		1600 SX				

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 8/29/85	Date of Test 8/29/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 1 hour	Tubing Pressure 1421	Casing Pressure	Choke Size 14/64"
Actual Prod. During Test 0	Oil-Bbls. 0	Water-Bbls. 0	Gas-MCF 1455

GAS WELL

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

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