

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| PRODUCTION OFFICE | |

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

I.

Operator
Texaco Inc.

Address
PO Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|--|-----------|
| Lease Name L. R. Kershaw | Well No. 12 | Pool Name, including Formation Skaggs Drinkard | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>20S</u> Range <u>37E</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"/> Shell Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) PO Box 1910, Midland, TX 79702 |
| 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) PO Box 1589, Tulsa, OK 74102 |
| If well produces oil or liquids, give location of tanks. | Unit : <u>C</u> Sec. : <u>13</u> Twp. : <u>20S</u> Rge. : <u>37E</u> Is gas actually connected? <u>Yes</u> When <u>2/20/88</u> |

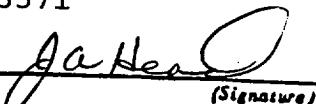
If this production is commingled with that from any other lease or pool, give commingling order number:

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.

397-3571


(Signature)

Hobbs Area Superintendent

(Title)

April 13, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 25 1988 , 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 deviated 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.

IV. COMPLETION DATA

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------------------|-----------------|-----------|----------|-------------------|-----------|-------------|-----------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res |
| | | X | | | X | | X | | X |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | | |
| | 2/20/88 | | 7670' | | | 6985' | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| 3573.5' KB | Skaggs Drinkard | | 6677' | | | 6718' | | | |
| Perforations | | | | | | Depth Casing Shoe | | | |
| 6677'-6896' (52 int., 104 holes) | | | | | | 5 1/2" at 7670' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15" | | 11 3/4" | | 1410' | | 1400 sx., circ. | | | |
| 11" | | 8 5/8" | | 4015' | | 1200 sx., circ. | | | |
| 7 7/8" | | 5 1/2" | | 7670' | | 1550 sx., circ. | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 2/20/88 | 2/20/88 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | --- | --- | --- |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 33 | 314 | 40 |

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 |

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