

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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  
P. O. Box 728, Hobbs, NM 88240  
Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Dry Gas  
☐ Casinghead Gas  
☐ Condensate  
Other (Please explain)  
36.95 ac

If change of ownership give name and address of previous owner  
36.95 ac  
II. DESCRIPTION OF WELL AND LEASE  
Lease Name V. M. Henderson Well No. 12 Pool Name, including Formation Paddock Kind of Lease State, Federal or Fee Lease No.  
Location  
-Unit Letter D ; 330 Feet From The North Line and 886 Feet From The West  
Line of Section 30 Township 21S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Pipeline Corp. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1910, Midland, TX 79702  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Texaco Producing, Inc. Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 3000, Tulsa, OK 74102  
If well produces oil or liquids, give location of tanks. Unit H Sec. 30 Twp. 21S Rge. 37E Is gas actually connected? Yes When 03/10/86

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.

IV. 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.

JW Browning  
(Signature)  
Dist. Admin. Supr.  
(Title)  
04/07/86  
(Date)

OIL CONSERVATION DIVISION  
APR 14 1986  
APPROVED \_\_\_\_\_, 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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
02/17/86	03/10/86	5270'				5262'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
3504' GR	Paddock	5151'				5200'			
Perforations						Depth Casing Shoe			
5151', 52, 53, 54, 55, 56, 57, 58, 59, 61						—			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	400'	500
12 1/4"	8 5/8"	4230'	2100
7 7/8"	5 1/2"	5270'	800

#### 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.)	
03/10/86		03/12/86		Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs	—	—	—		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF		
	64	63	18,313		

#### GAS WELL

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

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