

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2038
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 Producing Inc.
Address
PO Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. H. Weir "B"	Well No. 10	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>I</u> : <u>1790</u> Feet From The <u>South</u> Line and <u>410</u> Feet From The <u>East</u> Line of Section <u>11</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	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 H	Sec. 11
	Twp. 20S	Rge. 37E
Is gas actually connected?	When Yes 5/8/88	

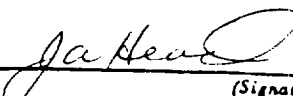
If this production is commingled with that from any other lease or pool, give commingling order number:

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

5/26/88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY _____ DISTRICT 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 filled 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.	Diff. Res.
Date Spudded 4/13/88	Date Compl. Ready to Prod. 5/6/88	Total Depth 7200'			P.B.T.D. 7150'				
Elevations (DF, RKB, RT, GR, etc.) 3571' GL	Name of Producing Formation Skaggs Drinkard		Top Oil/Gas Pay 6644'			Tubing Depth 2 3/8" @ 6551'			
Perforations 2 spf @ 6644'-6879' (Selective)						Depth Casing Shoe 5 1/2" @ 7200'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
14 3/4"	11 3/4"		1455'			1100 SXS.			
11"	8 5/8"		3998'			1400 SXS.			
7 7/8"	5 1/2"		7200'			1700 SXS.			
	2 3/8" tbg & pkr.		6551'						

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 5/6/88	Date of Test 5/12/88	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure 0#	Choke Size 26/64"
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 114	Gas - MCF 395

GAS WELL

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

RECEIVED

JUN 3 1988

OCD
MOBBS OFFICE