## Submit 5 copies to Appropriate District Office

State of New Mexico :gy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

District Office

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator TEXAGO EX   | ator TEXACO EXPLORATION & PRODUCTION INC  |   |                        |             |  |   |                        |   |                       | Well API No.<br>30 025 06612 |                |  |  |
|--|---|---|------------------------|-------------|--|---|------------------------|---|-----------------------|------------------------------|----------------|--|--|
| Addross  |   |   | CHONIN                 |             |  |   |                        |   | 30                    | 323 60012                    |                |  |  |
| Address P.O. BOX 73  | o, HOBBS  | , NM 88240                                |                        |             |  |   |                        |   |                       |                              |                |  |  |
| New Well   |   | Change in Transporter of:                 |                        |             |  | _   | Other (Please explain) |   |                       |                              |                |  |  |
| Recompletion   | ompletion   |   |                        |             |  | Request 80 BPD test allowable to evaluate zone  |                        |   |                       |                              |                |  |  |
| Change in Operator   | Casinghead Gas  | nghead Gas Condensate                     |                        |             |  | Ц   |                        |   |                       |                              |                |  |  |
| f change of operator give name and previous operator                     | nd address  |   |                        |             |  | ,   |                        |   |                       |                              |                |  |  |
|  |   |   |                        |             |  |   |                        |   |                       |                              |                |  |  |
| I. DESCRIPTION OF WE   | LL AND LE   | EASE                                      |                        |             |  |   | 1-400                  | Kind o                                  | Lease State, Feder    | ral or Fee  Leas             | e No           |  |  |
| Lease Name   | ase Marile  |   |                        |             | Pool Name, Including Formation SKELLY PENROSE GRAYBURG |   |                        |   | ATE                   |                              | B-9188         |  |  |
| STATE S  Location  |   |   |                        | Once        | ELT / EIII(O   | <u> </u>  |                        | 1017                                    |                       |                              |                |  |  |
|  | er <u>D</u>   |   | 6 <u>0</u> F           | Feet Fro    | om The N   | ORTH_Line   | and <u>990</u>         | Feet I                                  | rom The <u>V</u>      | VEST                         | Line           |  |  |
| Section  | 15  | To  | wnshin                 | 218         |  | Range   | 37E                    | _NMPM                                   |                       | LEA_ C                       | OUNTY          |  |  |
| Jection _  |   |   | ····                   |             |  |   |                        |   |                       |                              |                |  |  |
| II. DESIGNATION OF TR  | ANSPORT   | TER OF OIL A                              | ND NAT                 | URAL (      | 3AS  |   |                        |   |                       |                              |                |  |  |
| Name of Authorized Transpo   |   | Oil                                       |                        |             | densate  | Address (Give   | e address to wh        | ich approved o                          | copy of this forr     | n is to be sent              | )              |  |  |
| Tex-NM Pipeline Co   | Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240 |   |                        |             |  |   |                        |   |                       |                              |                |  |  |
| Name of Authorized Transporter of Casinghead Gas Dry Gas                 |   |   |                        |             |  | Address (Give address to which approved copy of this form is to be sent)  |                        |   |                       |                              |                |  |  |
| Texaco E & P Inc   |   |   |                        | 17          | In   | <del></del>   | 00, Tulsa, OK          |   |                       |                              |                |  |  |
| If Well Produces oil or liqu   | uids,   | Unit<br>C                                 | Sec.<br>15             | Twp.<br>21S | Rge.<br>367E   | Is gas actua  | ally connected         | ? Wher                                  | 1?<br>3/15/           | 94                           |                |  |  |
| give location of tanks  If this production is comming                    | aled with the   |   | <u> </u>               | <u> </u>    | 1  |   |                        | <u> </u>                                | 5/10/                 |                              |                |  |  |
| IV. COMPLETION DATA  |   | n arom any ome                            | . 10030 UI þ           | - 551, gift |  | g = . = <del> </del>  |                        |   |                       |                              |                |  |  |
| TV. COMIFEE HON DATA   |   |   | Oil W                  | ell         | Gas Well   | New Well  | Workover               | Deepen                                  | Plug Back             | Same Res'                    | Diff Res'v     |  |  |
| Designate Type of Co   | mpletion  | - (X)                                     | 011 44                 | en          |  |   |                        |   |                       |                              |                |  |  |
| Date Spudded   |   | Date Compl                                | . Ready to             | Prod.       |  | Total Depth   |                        |   | P.B.T.D               |                              |                |  |  |
| Elevations (DF, RKB, RT, GF  | etc )   | Name of Pr                                | oducina Fo             | rmation     |  | Top Oil/Gas   | Pay                    | , | Tubing Depti          | <br>h                        | <del>-</del> • |  |  |
| levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  3459' KB |   |   |                        |             |  |   |                        |   |                       |                              |                |  |  |
| Perforations   |   |   |                        |             |  |   |                        |   | Depth Casing          | g Shoe                       |                |  |  |
|  |   |   | TURING                 | 3 CAS       | SING AND   | CEMENT  | NG RECOR               | .D                                      | 1                     |                              |                |  |  |
| HOLE SIZE  |   | CA  | CASING and TUBING SIZE |             |  | DEPTH SET   |                        |   | SACKS CEMENT          |                              |                |  |  |
| 17 1/2"  |   | 13 3/8"                                   | 13 3/8"                |             |  | 294'  |                        |   | 300                   |                              |                |  |  |
| 11"  | 8 5/8"  |   |                        |             |  | 2974'   |                        |   | 2000                  |                              |                |  |  |
| 6 3/4"   |   | 5 1/2"                                    |                        |             |  | 8147  |                        |   | 500                   |                              |                |  |  |
| W TEST SATA AND SE   | OUEST   | OR ALLONA                                 | DI E                   |             |  | <del></del>   |                        |   | 1                     |                              |                |  |  |
| V TEST DATA AND RE   | nust be aft   | er recovery of                            | total volur            | ne of lo    | ad oil and m   | nust be equal   | to or exceed t         | op allowable                            | for this depth        | or be a full 2               | 4 hours.)      |  |  |
| ale First New Oil Run To Tank Date of Test                               |   |   |                        |             |  | ust be equal to or exceed top allowable for this depth or be a full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.) |                        |   |                       |                              |                |  |  |
| ļ  |   | Tb: 0-                                    | Tuking Progress        |             |  |   |                        |   | Choke Size            |                              |                |  |  |
| Length of Test   |   | Tubing Pres                               |                        |             | Casing Pressure  |   |                        | GHUKE SIZE                              |                       |                              |                |  |  |
| Actual Prod. During Test   |   | Oil - Bbls.                               |                        |             |  | Water - Bbls.   |                        |   | Gas - MCF             |                              |                |  |  |
| <u> </u>   |   |   |                        |             |  | <u> </u>  |                        |   |                       |                              |                |  |  |
| GAS WELL   |   |   |                        |             |  |   |                        |   | la :: :=              |                              |                |  |  |
| Actual Prod. Test - MCF/D  |   | Length of Test                            |                        |             |  | Bbls. Condensate/MMCF   |                        |   | Gravity of Condensate |                              |                |  |  |
| Testing Method (pitot, back  | nr.)  | Tubing Pressure (Shut-in)                 |                        |             |  | Casing Pressure (Shut-in)   |                        |   | Choke Size            |                              |                |  |  |
| resumy method (pitot, back   | sing weithou (pitot, back pr.)  |   |                        |             |  |   |                        |   |                       |                              |                |  |  |
| VI. OPERATOR CERTI   | FICATE O  | F COMPLIAN                                | CE                     |             |  |   |                        |   |                       |                              |                |  |  |
| I hereby certify that the rules a  | ind regulation:   | s of the Oil Conse                        | rvation                |             |  |   | OIL C                  | ONSER                                   | VATION                | DIVISIO                      | N              |  |  |
| Division have been complied us true and complete to the be               | with and that t<br>st of my know  | ine information giv<br>viedge and belief. | TETT ADOVE             |             |  |   | <b></b>                |   |                       |                              |                |  |  |
| - 1. n   |   | <u>.</u>                                  |                        |             |  |   |                        |   | MAL                   | <b>(1)</b> 19                | 94             |  |  |
| Signature  | Jenuson   |   |                        |             |  | Date Approved   |                        |   |                       |                              |                |  |  |
| Larry W. Johnson   | - · · · · · · · · · · · · · · · · · · ·   |   |                        |             |  | il  |                        |   |                       | _                            |                |  |  |
| Printed Name   |   | Ti  | tle                    |             |  | By_   | r                      | rig. Sign                               | ed by                 |                              |                |  |  |
| 3/17/94  | 397-0426  |   |                        |             |  | Title   | ,                      | rig. Signo<br>Paul Ka                   | atz                   |                              |                |  |  |
| Date   | Telephone No.   |   |                        |             |  |   | Geologist              |   |                       |                              |                |  |  |

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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.