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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department...

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.		Well API No. 30-025-27603
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Bilbrey 7 Federal	Well No. 1	Pool Name, including Formation Wildcat Atoka	Kind of Lease State, Federal or Fee	Lease No. NM 22809
Location Unit Letter J : 2180 Feet From The South Line and 1980 Feet From The East Line Section 7 Township 21S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Texaco Trading & Transportation Co. P.O. Box 1142, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 7	Twp. 21S	Rge. 32E	Is gas actually connected? Yes	When? 08-02-90

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

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		X		X
Date Spudded W/O Began 07-18-90	Date Compl. Ready to Prod. 07-30-90		Total Depth 14,320'			P.B.T.D. 13,760'		
Elevations (DF, RKB, RT, GR, etc.) 3643' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 13,153'			Tubing Depth 13,044'		
Perforations 13153-158' (6 ft. - 12 holes)						Depth Casing Shoe 14,300'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		520'			550		
12-1/4"	9-5/8"		4590'			3510		
8-1/2"	7"		12,042'			1860		
6-1/8"	4-1/2"		11,726 - 14,300'			400		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 4452	Length of Test 24	Bbls. Condensate/MMCF .88	Gravity of Condensate 60
Testing Method (pilot, back pr.) Back	Tubing Pressure (Shut-in) 6400	Casing Pressure (Shut-in) 0	Choke Size 13/64"

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

L. D. Ridenour
Signature L. D. Ridenour Engineer's Assistant
Printed Name
08/07/90 (505) 393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By APPROVED BY JERRY SEXTON
Title

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