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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 Exploration and Production Inc.		Well API No. 30-025-31232
Address P.O. Box 730 Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 J.K. Rector	Well No. 6	Pool Name, Including Formation Eumont Yates Seven Rv. Queen	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <u>B</u> : <u>590</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>21S</u> Range <u>36E</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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Exploration and Production Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137 Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31
	Twp. 21S	Rge. 36E
	Is gas actually connected? Yes	When? 08-02-91

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 05-26-91	Date Compl. Ready to Prod. 08-02-91	Total Depth 4100		P.B.T.D. 3835				
Elevations (DF, RKB, RT, GR, etc.) GR-3626, KB-3639	Name of Producing Formation Yates		Top Oil/Gas Pay 3188		Tubing Depth 3412			
Perforations 3188, 3212, 3215, 3231, 3242, 3254, 3268, 3274, 3285, 3290, 3301, 3309, 3318, 3332, 3338, 3372, 3374, 3378, 3384, 3387, 3391, 40 holes	Depth Casing Shoe 4100							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 1550		SACKS CEMENT 1000 SX (circ)			
7 7/8	5 1/2		4100		850 SX (circ)			

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 06-10-91	Date of Test 08-07-91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2 x 1.5 x 16	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 13867 GOR	Oil - Bbls. 30	Water - Bbls. 18	Gas- MCF 416

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

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.

Signature
M.C. Duncan
Printed Name
M.C. Duncan
Date
08-14-91
Engineer's Assistant
Title
393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved Aug 16 1991
By [Signature]
Title [Signature]

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.

RECEIVED

AUG 15 1991

HOEBS OFFICE