#### Submit 5 copies to Appropriate District Office

State of New Mexico

r , Minerals and Natural Resources Department

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

DISTRICT I

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 TEXACO EXPLORATION & PRODUCTION INC.						Well API No. 30-025-32145			
Address P.O. BOX 730, HOBBS, 1	NM 88240								
New Well Ch Recompletion Oil	ange in Transporter of:		ther (Please ex	plain)		-			
If change of operator give name and address of previous operator									
——————————————————————————————————————			THIS WE	LL HAS BE	N PLACED	IN THE POO	DL .		
II. DESCRIPTION OF WELL AND LEA	\SE		HOTIFI	THIS OFFICE		O NOT CON			
Lease Name LEU	Well No	. Pool Name, Includ HAT MESA; DELA	0 12 - 0 1	* /	Lease State, Feder		No. NM-01236		
Location Unit Letter A	: 530	Feet From TheN	ORTH Line and 330	Feet f	rom The <u>E</u>	AST L	ine		
Section 5	Township	21-S	Range32-E	NMPM		LEA CC	YTNUC		
III. DESIGNATION OF TRANSPORTE	ER OF OIL AND NAT	URAL GAS							
Name of Authorized Transporter of	Oil 🛛	Condensate	Address (Give address to w	hich approved o	opy of this forn	n is to be sent)			
TEXACO T & T INC.  Name of Authorized Transporter of	Casinghead Gas	Dry Gas	P.O. BOX 6196 MIDLAND, TEXAS 79711						
GPM GAS CORPORATION  If Well Produces oil or liquids, give locaton of tanks	Unit Sec.	Twp. Rge. 20S 33E	Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK AVENUE ODESSA, TEXAS 79762 Is gas actually connected? When? YES 12/11/93						
If this production is commingled with that fi		<del></del>	L	CTB-381		12/1/35			
IV. COMPLETION DATA									
Designate Type of Completion -	(X) Oil W	'ell Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded 10/25/93	Date Compl. Ready to 12/14/3		Total Depth 8350'		P.B.T.D	9220			
Elevations (DF, RKB, RT, GR, etc.) GR-3646'; KB-3660'	Top Oil/Gas Pay 7104'	8320' Tubing Depth 7048'							
Perforations 7104'-7166', 2 JSPF, 7	6 HOLES; 8031'-8077'	, 2 JSPF, 92 HOLES;	8266'-8282', 2 JSPF, 32 HOI	LES	Depth Casing				
HOLE SIZE	TUBING CASING and	<del></del>	CEMENTING RECOR		1	24.04.0.05.45.			
14 3/4"	11 3/4"	TOBING SIZE	1350'	SACKS CEMENT 695 SX - CIRC 60 SX					
11	8 5/8"		3108'	1000 SX - CIR 144 SX					
7 7/8"	5 1 <i>172</i> "		8350'	1075 SX- CIR 240 SX					
V. TEST DATA AND REQUEST FOR	RALLOWABLE		TOC @ 4200		DV @ 6002				
OIL WELL (Test must be after	recovery of total volum	ne of load oil and mu	ist be equal to or exceed to	op allowable fo	or this depth o	or be a full 24 h	nours.)		
Date First New Oil Run To Tank	Producing Method (Flow, p		•						
12/11/93 Length of Test	Tubing Pressure	4	Casing Pressure	2.5 X 1.5 X 24 Choke Size					
24 HOURS Actual Prod. During Test	Oil - Bbls.	· · · · · · · · · · · · · · · · · · ·	Water - Bbls.	Gas - MCF					
567 GOR	180		107		<u> </u>	102			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Co	ndensate			
Testing Method (pitot, 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.			OIL CONSERVATION DIVISION						
Signature Signature	<b></b>		Date Approved	, , , , Å,	4 93				
Monte C. Duncan Printed Name	Engr Asst Title	By ORIGINAL SIGNED BY JERRY SEXTON							
1/10/94	Title	DISTR	ICT I SUPE	RVISOR					
Date	Telephone N	0.							

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 IV 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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme

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

### **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I		<u> TRAI</u>	<u> </u>	RT OIL	. AND NA	TURAL GA					
Operator TEXACO EXPLORATION AND PRODUCTION INC. 30-							API No. .025-32145				
Address	MENGOO O	0040									
P.O. BOX 730 HOBBS, NEW Reason(s) for Filing (Check proper box)	MEXICO 8	8240			X Oth	er (Piease expla	ún)				
New Well		Change in ]	Fransport	ter of:		QUEST TES		OWABLE	OF 4402		
Recompletion	Oil		Dry Gas		BB	LS FOR JA	N. 1994,	OIL NOT S	OLD IN DEC	C. 1993	
Change in Operator	Casinghead	i Gas 🔲 (	Condens	ate 🗌				<del></del>			
If change of operator give name and address of previous operator							<del></del>	<del></del>			
II. DESCRIPTION OF WELL	ANDIE	CE								•	
Lease Name	AND LEA		Paol Na	me. Includi	ng Formation			x Leaso	Le	ase No.	
LEU		5 HAT MESA; DELAWARE					State,	Pederal or Fee	NM-0	1236	
Location								<u> </u>	<del></del>		
Unit Letter A	:530	:	Feet Fro	m The NO	RTH Lin	e and 330	Fe	et From The _	EAST	Line	
Section 5 Townsh	<sub>nip</sub> 21-	-S	Range	32-E	, NI	MPM,		LEA		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OII	L AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil TEXACO T & T INC.	or Condensate  Address (Give address to which approved copy of this form is to be P.O. BOX 6196 MIDLAND, TEXAS 7971								<b>u</b> )		
Name of Authorized Transporter of Casin GPM GAS CORPORATION		X	or Dry C	ias	,	dress (Give address to which approved copy of this form is to be se 4044 PENBROOK AVENUE ODESSA, TEXAS 7					
If well produces oil or liquids, give location of tanks.	Unit A	Sec.	Twp. 215	Rge.	is gas actuali	y connected?	When	When 7 UPON COMPLETION			
If this production is commingled with that	from any other	er lease or p	ool, give	comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u> _	_i	. <u> </u>		İ				<u>i                                      </u>	
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations		·	<del></del>		·		· · · · · · ·	Depth Casin	g Shoe		
	T	UBING, O	CASIN	G AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			ZE	DEPTH SET			SACKS CEMENT			
							<del> </del>			<del></del>	
	<del> </del>	<del></del>						<del> </del>			
					···						
V. TEST DATA AND REQUE					<del></del>			·•			
OIL WELL (Test must be after			fload oi	l and must					or full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL					<u> </u>		<del></del>	<u> </u>			
Actual Prod. Test - MCF/D	Length of T	Cest			Bbls. Conden	sate/MMCF		Gravity of C	condensate		
Testing Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
					ļ						
VI. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION I	טואופוט	N	
I hereby certify that the rules and regu										'	
Division have been complied with and is true and complete to the best of my			above 1					1 ( 199	1-4		
					Date	Approve	a				
Month ( Ame				<u>_</u>	D	<u> </u>	MOINAL C	GNED BY	JERRY SEX	TON	
Signature MONTE C. DUNCAN		ENGR.	ASST	·	∥ By_	Ol	<u>DISTI</u>	HCT I SUPE	RVISOR	•	
Printed Name			Title		Title						
1-4-94 Date			-7191 hone No								
a restriction		* ereb	-~	•	11						

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.

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator TEXACO EXPLORATION AND PRODUCTION INC. 30-025-32145 Address P.O. BOX 730 HOBBS, NEW MEXICO 88240 Reason(s) for Filing (Check proper box) Other (Please explain) REQUEST TEST OIL ALLOWABLE OF 4402 New Well Change in Transporter of: **BARRELS FOR DECEMBER 1993**  $\Box$ Dry Gas Recompletion Oil Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease Name Well No. | Pool Name, Including Formation Lease No. State, Federal or Fee HAT MESA; DELAWARE NM-01236 LEU 5 FEDERAL Location Feet From The NORTH Line and 330 . 530 Unit Letter A \_\_ Feet From The EAST Line Range 32-E 21-5 LEA Township , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate  $\mathbf{X}$ P.O. BOX 6196 MIDLAND, TEXAS 79711 TEXACO T & T INC. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM GAS CORPORATION 4044 PENBROOK AVENUE ODESSA, TEXAS 79762 If well produces oil or liquids, Twp. Rge. Is gas actually connected? When? Unit give location of tanks. 215 5 32E Upon Completion Α If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Oil Well Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT . 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls **GAS WELL** Actual Prod. Test - MCF/D Gravity of Condensate Length of Test Bbls. Condensate/MMCF Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above DEC 21 1993 is true and complete to the best of my knowledge and belief. Date Approved \_\_ Most Olmes ORIGINAL SIGNED BY JERRY SEXTON By\_ DISTRICT I SUPERVISOR MONTE C. DUNCAN ENGR. ASST.

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.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

393-7191

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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Date

Printed Name 12-16-93