

Submit 5 copies  
to Appropriate  
District Office

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

I.

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| Operator<br>TEXACO EXPLORATION & PRODUCTION INC. |                                     | Well API No.<br>30-025-32145  |  |
| Address<br>P.O. BOX 730, HOBBS, NM 88240         |                                     |   |  |
| New Well   | <input checked="" type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Other (Please explain) |  |
| 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

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                       |
|---|---------------|--|--|-----------------------|
| Lease Name<br>LEU   | Well No.<br>5 | Pool Name, Including Formation<br>HAT MESA; DELAWARE | Kind of Lease State, Federal or Foreign<br>FEDERAL | Lease No.<br>NM-01236 |
| Location<br>Unit Letter <u>A</u> : <u>530</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line<br>Section <u>5</u> Township <u>21-S</u> Range <u>32-E</u> NMPM <u>LEA</u> COUNTY |               |  |  |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |           |   |  |             |                                   |                   |
|--|-----------|---|--|-------------|-----------------------------------|-------------------|
| Name of Authorized Transporter of<br>TEXACO T & T INC.     |           | Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 6196 MIDLAND, TEXAS 79711       |             |                                   |                   |
| Name of Authorized Transporter of<br>GPM GAS CORPORATION   |           | Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>4044 PENBROOK AVENUE ODESSA, TEXAS 79762 |             |                                   |                   |
| If Well Produces oil or liquids,<br>give location of tanks | Unit<br>M | Sec.<br>32  | Twp.<br>20S  | Rge.<br>33E | Is gas actually connected?<br>YES | When?<br>12/11/93 |

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

CTB-381

IV. COMPLETION DATA

|   |  |               |                          |               |                            |        |           |            |            |
|---|--|---------------|--------------------------|---------------|----------------------------|--------|-----------|------------|------------|
| Designate Type of Completion - (X)  |  | Oil Well<br>X | Gas Well                 | New Well<br>X | Workover                   | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded<br>10/25/93  | Date Compl. Ready to Prod.<br>12/14/93       |               | Total Depth<br>8350'     |               | P.B.T.D<br>8320'           |        |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>GR-3646'; KB-3660'  | Name of Producing Formation<br>BRUSHY CANYON |               | Top Oil/Gas Pay<br>7104' |               | Tubing Depth<br>7048'      |        |           |            |            |
| Perforations<br>7104'-7166', 2 JSPF, 76 HOLES; 8031'-8077', 2 JSPF, 92 HOLES; 8266'-8282', 2 JSPF, 32 HOLES |  |               |                          |               | Depth Casing Shoe<br>8350' |        |           |            |            |
| TUBING, CASING AND CEMENTING RECORD   |  |               |                          |               |                            |        |           |            |            |
| HOLE SIZE   | CASING and TUBING SIZE                       |               | DEPTH SET                |               | SACKS CEMENT               |        |           |            |            |
| 14 3/4"   | 11 3/4"                                      |               | 1350'                    |               | 695 SX - CIRC 60 SX        |        |           |            |            |
| 11  | 8 5/8"                                       |               | 3108'                    |               | 1000 SX - CIR 144 SX       |        |           |            |            |
| 7 7/8"  | 5 1/2"                                       |               | 8350'                    |               | 1075 SX- CIR 240 SX        |        |           |            |            |
|   |  |               | TOC @ 4200'              |               | DV @ 6002'                 |        |           |            |            |

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 a full 24 hours.)


|  |                        |   |                  |
|--|------------------------|---|------------------|
| Date First New Oil Run To Tank<br>12/11/93 | Date of Test<br>1-1-94 | Producing Method (Flow, pump, gas lift, etc.)<br>PUMPING 2.5 X 1.5 X 24 |                  |
| Length of Test<br>24 HOURS                 | Tubing Pressure        | Casing Pressure   | Choke Size       |
| Actual Prod. During Test<br>567 GOR        | Oil - Bbls.<br>180     | Water - Bbls.<br>107  | Gas - MCF<br>102 |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| 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.



Signature  
Monte C. Duncan  
Engr Asst  
Printed Name  
1/10/94  
Title  
397-0418  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1-14-94  
By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies  
Appropriate District Office  
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Department of Energy, Minerals and Natural Resources  
**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<br>TEXACO EXPLORATION AND PRODUCTION INC.   |   | Well API No.<br>30-025-32145  |
| Address<br>P.O. BOX 730 HOBBS, NEW MEXICO 88240  |   |   |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) |   |   |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | REQUEST TEST OIL ALLOWABLE OF 4402<br>BBLs FOR JAN. 1994, OIL NOT SOLD IN DEC. 1993 |
| Recompletion <input type="checkbox"/>  |   |   |
| Change in Operator <input type="checkbox"/>  |   |   |

If change of operator give name  
and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

|  |               |  |   |                       |
|--|---------------|--|---|-----------------------|
| Lease Name<br>LEU  | Well No.<br>5 | Pool Name, Including Formation<br>HAT MESA; DELAWARE | Kind of Lease<br>State, Federal or Fee<br>FEDERAL | Lease No.<br>NM-01236 |
| Location<br>Unit Letter <u>A</u> , <u>530</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line<br>Section <u>5</u> Township <u>21-S</u> Range <u>32-E</u> , <u>NMPM</u> , <u>LEA</u> County |               |  |   |                       |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|   |  |           |             |             |                                  |                           |
|---|--|-----------|-------------|-------------|----------------------------------|---------------------------|
| Name of Authorized Transporter of Oil<br>TEXACO T & T INC. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>           | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 6196 MIDLAND, TEXAS 79711       |           |             |             |                                  |                           |
| Name of Authorized Transporter of Casinghead Gas<br>GPM GAS CORPORATION <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>4044 PENBROOK AVENUE ODESSA, TEXAS 79762 |           |             |             |                                  |                           |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>A  | Sec.<br>5 | Twp.<br>21S | Rge.<br>32E | Is gas actually connected?<br>NO | When ?<br>UPON COMPLETION |

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 |
| Date Spudded                        | 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                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

**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        | 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 Monte C. Duncan  
Printed Name MONTE C. DUNCAN Title ENGR. ASST.  
Date 1-4-94 Telephone No. 393-7191

**OIL CONSERVATION DIVISION**

Date Approved JAN 10 1994  
By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

**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

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P.O. Box 2088  
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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |  |   |
|---|--|---|
| Operator<br>TEXACO EXPLORATION AND PRODUCTION INC.  |  | Well API No.<br>30-025-32145  |
| Address<br>P.O. BOX 730 HOBBS, NEW MEXICO 88240   |  |   |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Operator <input type="checkbox"/>      |  | <input checked="" type="checkbox"/> Other (Please explain)<br>REQUEST TEST OIL ALLOWABLE OF 4402<br>BARRELS FOR DECEMBER 1993 |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>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<br>LEU   | Well No.<br>5 | Pool Name, Including Formation<br>HAT MESA; DELAWARE | Kind of Lease<br>State, Federal or Fee<br>FEDERAL | Lease No.<br>NM-01236 |
| Location<br>Unit Letter <u>A</u> : <u>530</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line<br>Section <u>5</u> Township <u>21-S</u> Range <u>32-E</u> , <u>NMPM</u> , LEA County |               |  |   |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |           |             |             |                                  |                           |
|---|--|-----------|-------------|-------------|----------------------------------|---------------------------|
| Name of Authorized Transporter of Oil<br>TEXACO T & T INC. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>           | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 6196 MIDLAND, TEXAS 79711       |           |             |             |                                  |                           |
| Name of Authorized Transporter of Casinghead Gas<br>GPM GAS CORPORATION <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>4044 PENBROOK AVENUE ODESSA, TEXAS 79762 |           |             |             |                                  |                           |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>A  | Sec.<br>5 | Twp.<br>21S | Rge.<br>32E | Is gas actually connected?<br>NO | When ?<br>Upon Completion |

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 |
| Date Spudded                        | 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                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

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.)

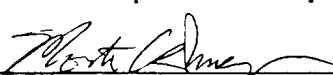
|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure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

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | 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  
MONTE C. DUNCAN ENGR. ASST.

Printed Name  
12-16-93 Title  
393-7191

Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 21 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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