Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbe, NM 88240

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

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

## State of New Mexico Minerals and Natural Resources Department Ene

**OIL CONSERVATION DIVISION** 

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

## **REQUEST FOR ALLOWABLE AND AUTHORIZATION**

| I   | T   | O TRA              | NSPC              | ORT OIL                   | AND NA           | FURAL GA                      | <u>\S</u>        | <b>N</b> N            | <u></u>         |                 |  |
|---|---|--------------------|-------------------|---------------------------|------------------|-------------------------------|------------------|-----------------------|-----------------|-----------------|--|
| Operator<br>Texaco Exploration and Production Inc.                |   |                    |                   |                           |                  |                               |                  | PINo.<br>025 09199    | 9               | OK              |  |
| Address   |   |                    |                   |                           |                  |                               |                  |                       |                 |                 |  |
|   | w Mexico  | 88240              | -2528             | 3                         |                  |                               |                  |                       |                 |                 |  |
| Reason(s) for Filing (Check proper box)                           |   |                    |                   |                           |                  | r (Please expla<br>FECTIVE 6- |                  |                       |                 |                 |  |
|   |   | Change in          | •                 |                           | EF               | FECTIVE 0                     | -   - 9          |                       |                 |                 |  |
| Change in Operator  | Oil<br>Casinghead   |                    | Dry Gas<br>Conden |                           |                  |                               |                  |                       |                 |                 |  |
|   |   |                    |                   | P. O. Bo                  | × 720            | Hobbs, Nev                    | w Maxico         | 88240-2               |                 |                 |  |
| and address of previous operator 18X                              | aco Produ   | cing inc           |                   | <u>. 0. BU</u>            | x_730            | HUDDS, NE                     | W MEXICO         | 00240-2               |                 | ····· ·         |  |
| II. DESCRIPTION OF WELL   |   | SE                 |                   |                           |                  | <u> </u>                      | Kind             | (Lease                |                 | ease No.        |  |
| Lease Name  | Well No. Pool Name, Inclus<br>1 JALMAT TAN  |                    |                   |                           |                  |                               |                  | State, Federal or Fee |                 | 391530          |  |
|   | <u>-</u>  | 117                | UALIN             |                           |                  |                               | MA IFEE          |                       |                 |                 |  |
| Unit LetterG  | . 1980  |                    | Feet Fre          | om The NO                 | RTH Lin          | and 1980                      | ) Fe             | et From The           | EAST            | Line            |  |
|   |   |                    |                   |                           |                  |                               |                  |                       |                 | <b>.</b> .      |  |
| Section 1 Townsh  | 11p 23  | S                  | Range             | 36E                       | <u>, N</u>       | MPM,                          |                  | LEA                   |                 | County          |  |
| III. DESIGNATION OF TRAI  | NCPODTEI  | 2 OF 01            | II. ANI           | D NATI                    | RAL GAS          |                               |                  |                       |                 |                 |  |
| Name of Authorized Transporter of Oil                             |   | or Conden          |                   |                           | Address (Giv     | e address to wh               | ich approved     | copy of this fo       | orm is to be se | unt)            |  |
|   | رے<br>  |                    |                   | نے<br>                    | ļ                |                               |                  |                       |                 |                 |  |
| Name of Authorized Transporter of Casin                           | nized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of exaco Exploration and Production Inc. P. O. Box 1137 Eunice, Net |                    |                   |                           |                  |                               |                  |                       |                 |                 |  |
|   |   | Sec.               |                   |                           |                  |                               | When ?           |                       |                 |                 |  |
| If well produces oil or liquids,<br>give location of tanks.       |   | 360.               | <br>              | Rge.                      | 1                | YES                           |                  |                       | /29/89          |                 |  |
| If this production is commingled with that                        | t from any othe   | r lease or         | pool, giv         | e commingi                | ling order num   | ber:                          |                  |                       |                 |                 |  |
| IV. COMPLETION DATA   |   |                    |                   |                           | . <u></u>        |                               |                  |                       | <u> </u>        | b:@b.utu        |  |
| Designate Type of Completion                                      | 1-00  | Oil Well           |                   | ias Well                  | New Well         | Workover                      | Deepen           | Plug Back             | Same Res'v      | Diff Res'v<br>1 |  |
| Date Spudded  | Date Compi. Ready to  |                    | Prod.             |                           | Total Depth      |                               | l                | P.B.T.D.              |                 |                 |  |
|   |   | •                  |                   |                           |                  |                               |                  | -                     |                 |                 |  |
| Elevations (DF, RKB, RT, GR, etc.)                                | Name of Producing Formation   |                    |                   |                           | Top Oil/Gas Pay  |                               |                  | Tubing Depth          |                 |                 |  |
|   |   |                    |                   |                           | L                |                               |                  | Depth Casing Shoe     |                 |                 |  |
| Perforations  |   |                    |                   |                           |                  |                               |                  |                       |                 |                 |  |
|   | <u></u> т   | UBING.             | CASI              | NG AND                    | CEMENTI          | NG RECOR                      | D                | .L                    |                 |                 |  |
| HOLE SIZE   |   | TUBING, CASING AND |                   |                           | DEPTH SET        |                               |                  |                       | SACKS CEM       | ENT             |  |
|   |   |                    |                   |                           |                  |                               |                  |                       |                 |                 |  |
|   |   |                    |                   |                           | <u> </u>         |                               |                  |                       |                 |                 |  |
|   |   |                    |                   |                           |                  | ······                        |                  |                       |                 |                 |  |
| V. TEST DATA AND REQUE  | ST FOR A  | LLOW               | ABLE              |                           | <u> </u>         | i                             |                  | J                     |                 |                 |  |
| OIL WELL (Test must be after                                      | recovery of lo  | al volume          | of load a         | oil and must              | i be equal so or | exceed top all                | owable for thi   | s depth or be ;       | for full 24 hou | <b>5</b> 5.)    |  |
| Date First New Oil Run To Tank                                    | Date of Tes   |                    |                   |                           | Producing M      | ethod (Flow, pi               | ump, gas lift, i | uc.)                  |                 |                 |  |
|   |   |                    | . <u> </u>        |                           | Casing Press     | 176                           |                  | Choke Size            | ·               |                 |  |
| Length of Test  | Tubing Pres   | Tubing Pressure    |                   |                           | Casing Liceante  |                               |                  |                       |                 |                 |  |
| ctual Prod. During Test Oil - Bbls.                               |   |                    | Water - Bbls.     |                           |                  | Gas- MCF                      |                  |                       |                 |                 |  |
| •••••••••••••••••••••••••••••••••••••••                           |   |                    |                   |                           |                  |                               |                  |                       |                 |                 |  |
| GAS WELL  |   |                    |                   |                           |                  |                               |                  |                       | ·               |                 |  |
| Actual Prod. Test - MCF/D   | Length of 1   | est                |                   |                           | Bbis. Condes     | sate/MMCF                     |                  | Gravity of (          | Condensate      |                 |  |
|   |   |                    |                   | Casing Pressure (Shut-in) |                  |                               | Choke Size       |                       |                 |                 |  |
| Testing Method (pilot, back pr.)                                  | Tubing Pressure (Shut-in)   |                    |                   | Casing Press              | ute (anoran)     |                               | Circle Blac      |                       |                 |                 |  |
|   |   | COM                |                   | ICE                       | ┤┌────           |                               | ·                | <u> </u>              |                 |                 |  |
| VI. OPERATOR CERTIFIC<br>I hereby certify that the rules and regu |   |                    |                   |                           |                  | DILCON                        | ISERV            | ATION                 | DIVISIO         | ON              |  |
| Division have been complied with an                               | d that the infor  | mation giv         | es above          | ;                         |                  |                               |                  |                       |                 | • = 1           |  |
| is true and complete to the best of my                            | / knowledge av  | d belief.          |                   |                           | Date             | Approve                       | ed               |                       |                 | 1943<br>        |  |
| 2. m. Miller  | ,   |                    |                   |                           |                  |                               |                  |                       |                 |                 |  |
|   | <u> </u>  |                    |                   |                           | By_              | Constant Services             |                  | 2                     | DATON.          |                 |  |
| Signature<br>K. M. Miller   |   | Div. Op            | ers. E            | Engr.                     | 11               |                               |                  |                       |                 |                 |  |
| Printed Name  |   | 015                | Title<br>688-4    | 934                       | Title            |                               |                  |                       | ×               | ······          |  |
| May 7, 1991   |   |                    | ephone N          |                           |                  |                               |                  |                       |                 |                 |  |

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.

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

| Submit 5 Copies<br>Appropriate District Office<br><u>DISTRICT 1</u><br>P.O. Box 1980, Hobbs, NM 88240   |   | Energy, I  |                                      |           | lew Mexico<br>tural Resources Department |                     |                    |  | Revis<br>See Is       | C-104<br>Id 1-1-89<br>Istructions |  |
|---|---|--|--------------------------------------|-----------|--|---------------------|--------------------|--|-----------------------|-----------------------------------|--|
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210  |   | OIL CONSERVATION DIVISION<br>P.O. Box 2088                   |                                      |           |  |                     |                    |  |                       | tom of Page                       |  |
|   | -   | Sa   | inta Fe                              | , New M   | Aexico 87.                               | 504-2088            |                    |  |                       |                                   |  |
| 000 Rio Brazos Rd., Azzec, NM 8741  | REQ   |  |                                      |           |  | AUTHOR              |                    | 1  |                       |                                   |  |
| Operator  |   | ·  |                                      |           |  |                     |                    | I API No.                                      | <u> </u>              |                                   |  |
| <u>Texaco Producing</u>   | Inc.  |  |                                      |           |  |                     |                    | 300250919                                      | 9                     |                                   |  |
| P.O. Box 730, Hob   |   | 88240  |                                      |           |  |                     |                    |  |                       |                                   |  |
| Reason(s) for Filing (Check proper box.<br>New Well   | )   | Change in  | Transor                              | inter of: | O  | her (Please ex      | plain)             |  |                       |                                   |  |
|   | Oil   |  | Dry Ga                               | 677       |  |                     |                    |  |                       |                                   |  |
| Change in Operator  | Casinghe  | ad Gas   | Conder                               | sate      |  |                     |                    |  |                       | <u></u>                           |  |
| ad address of previous operator   |   | <u> </u>   |                                      |           |  |                     |                    |  | ·                     | <u> </u>                          |  |
| I. DESCRIPTION OF WELL<br>Lease Name  | L AND LE  |  | Dool N                               | in in chu | ing Formation                            |                     |                    |  |                       |                                   |  |
| King "C"  |   | 1  | Jal                                  | mat T     | ansill Y                                 | ates 7 H            | Rvrs State         | t of Lease<br>c, Federal or_Fe                 |                       | ease No.                          |  |
|   | -   | 117 7  | 117                                  |           |  | 1.0                 |                    | - <u></u>                                      |                       |                                   |  |
| Unit LetterG  | :   | 117  | Feet Fra                             | om The    | North Li                                 | ne and              | 9801               | Feet From The                                  | East                  | Lin                               |  |
| Section I Towns   | <u>hip 235</u>  | S  | Range                                | 36E       | , N                                      | MPM,                |                    | Lea  |                       | County                            |  |
| I. DESIGNATION OF TRA   | NSPORTE   | R OF OI  | LAN                                  |           | RAL GAS                                  |                     |                    |  |                       |                                   |  |
| ame of Authonzed Transporter of Oil   |   | or Conden  |                                      |           | Address (Gi                              | ve address 10 w     | which approve      | d copy of this f                               | orm is io be s        | ent)                              |  |
| ame of Authonzed Transporter of Casi  | nghead Gas  |  | or Dry (                             |           | Admes (Gi                                |                     |                    |  |                       |                                   |  |
| Texaco Producing  | Inc.  | ghead Gas or Dry Gas<br>nc.                                  |                                      |           |  | ox 1137,            | Eunice             | copy of this form is to be sent)<br>, NM 88231 |                       |                                   |  |
| well produces oil or liquids,<br>re location of tanks.  | Unit  |  |                                      |           |  | <b>n</b> ?          | <del>6-89</del> // | 74.0   |                       |                                   |  |
| this production is commingled with the<br>COMPLETION DATA   | t from any oth  | ier lease or p   | icol, give                           | comming   |  |                     | l                  |  |                       |                                   |  |
| Designate Type of Completion  | n - (X)   | Oil Well   | G                                    | as Well   | New Well                                 | Workover            | Deepen             | Plug Back                                      | Same Res'v            | Diff Res'v                        |  |
| ate Spudded   |   | Date Compl. Ready to Prod.                                   |                                      |           | Total Depth                              | I                   | <u> </u>           | P.B.T.D.                                       |                       |                                   |  |
| evalions (DF, RKB, RT, GR, etc.)  | Name of Pr  | Name of Producing Formation                                  |                                      |           |  | Pay                 |                    | Tubing Depth                                   |                       |                                   |  |
| rforations  |   |  |                                      |           |  |                     |                    | Depth Casing                                   | Depth Casing Shoe     |                                   |  |
| ····  |   |  |                                      |           |  | 10 05000            |                    |  |                       |                                   |  |
| HOLE SIZE   |   | TUBING, CASING AND<br>CASING & TUBING SIZE                   |                                      |           |  | DEPTH SET           |                    | SACKS CEMENT                                   |                       |                                   |  |
|   | <u>i</u>  |  |                                      |           |  |                     |                    |  |                       |                                   |  |
|   |   |  |                                      |           |  | ·                   |                    |  |                       |                                   |  |
| TEST DATA AND REQUE   | ST FOR A  | LLOWA  | RIF                                  |           |  |                     |                    | i  |                       |                                   |  |
| LWELL (Test must be ofter i   |   |  |                                      | and must  | be equal to or                           | exceed top allo     | wable for this     | s depth or be fo                               | ər full 24 hou        | <b>3.</b> )                       |  |
| te First New Oil Run To Tank  | Date of Test  | ι  |                                      |           | Producing Me                             | thod (Flow, pu      | mp, gas lift, e    | nc.)   |                       | <u> </u>                          |  |
| ngth of Test  | Tubing Pres   | SUITE  |                                      |           | Casing Pressu                            | re                  |                    | Choke Size                                     |                       | ·                                 |  |
| tual Prod. During Test  | Oil - Bhie  | Oil - Bbis.  |                                      |           | Water - Bbis                             |                     |                    | Gas- MCF                                       |                       |                                   |  |
|   |   |  |                                      |           | VALCI - DDIS.                            |                     |                    |  |                       |                                   |  |
| AS WELL   |   |  |                                      | i         |  | <u></u>             |                    |  | <u>}</u>              |                                   |  |
| hand Deed T . Market  | Length of To  | Length of Test   |                                      |           | Bbis. Condens                            | ale/MMCF            |                    | Gravity of Co                                  | Gravity of Condensate |                                   |  |
| ual Prod. Test - MCF/D  |   |  | Tubing Pressure (Shut-in)            |           |  |                     |                    | Choke Size                                     |                       |                                   |  |
|   | Tubing Press  | sure (Shut-in  | 1)                                   |           | Casing Preseu                            | e (Shut-in)         |                    | Cloke Size                                     |                       |                                   |  |
| ing Method (pilot, back pr.)  |   | ·  |                                      | E         | -  |                     |                    |  |                       |                                   |  |
| ing Method (puol, back pr.)<br>OPERATOR CERTIFIC<br>hereby certify that the rules and regula  | ATE OF (  | COMPL  | IANC                                 | ÈE        | -  |                     | SERVA              |  | VISIO                 | N                                 |  |
| ing Method (puol, back pr.)<br>OPERATOR CERTIFIC<br>hereby certify that the rules and regula<br>Division have been complied with and t  | ATE OF (  | COMPL<br>Dil Conservat                                       | IANC                                 | Ë         | C  | DIL CON             |                    |  | 01VISIO<br>1619       |                                   |  |
| ing Method (puot, back pr.)<br>OPERATOR CERTIFIC<br>hereby certify that the rules and regula<br>Division have been complied with and to<br>a true and complete to the best of my k<br>A A AeaA                                  | ATE OF (  | COMPL<br>Dil Conservat                                       | IANC                                 | E         | C<br>Date                                | PIL CON             | i i                | TION D<br>FEB                                  | 1 6 19                | 90                                |  |
| tual Prod. Test - MCF/D<br>ting Method (puot, back pr.)<br>. OPERATOR CERTIFIC<br>I hereby certify that the rules and regula<br>Division have been complied with and the<br>is true and complete to the best of my k<br>A. Head | ATE OF (<br>Lucas of the O<br>that the inform<br>mowiedge and       | COMPL<br>Dil Conservat                                       | IANC<br>ion<br>above                 |           | C<br>Date                                | PIL CON             |                    |  | 1 6 19                | 90                                |  |
| Division have been complied with and regula<br>Division have been complied with and regula<br>Division have been complied with and regula<br>is true and complete to the best of my k<br>Signature                              | ATE OF (<br>stions of the O<br>that the inform<br>mowiedge and<br>A | COMPL<br>bil Conservat<br>mation given<br>belief.<br>rea Man | IANC<br>ion<br>above<br>nager<br>ile |           | C<br>Date                                | PIL CON<br>Approvec |                    | ATION D<br>FEB                                 | 1 6 19                | 90                                |  |

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.
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