

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

P.O. Box 2088, Santa Fe, NM 87504-2088

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 February 10, 1994

Instructions on back
Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address TEXACO EXPLORATION & PRODUCTION INC. P.O. BOX 730, HOBBS, NM 88240		² OGRID Number 022351
		³ Reason for Filing Code CO eff 2/1/96 from Tex Mex
⁴ API Number 30-025-09205	⁵ Pool Name LANGLIE MATTIX 7 RVRS Q GRAYBURG	⁶ Pool Code 37240
⁷ Property Code 10978	⁸ Property Name KING, E. F.	⁹ Well No. 2

II. ¹⁰ Surface Location

Ul or lot no. L	Section 1	Township 23S	Range 36E	Lot.Idn	Feet From The 1980	North/South Line SOUTH	Feet From The 660	East/West Line WEST	County LEA
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¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
¹² Lse Code P	¹³ Producing Method Code P	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
022345	TEXACO E & P INC.: GAS PLANT ACCT. 36th FLOOR: PO BOX 4325 HOUSTON, TX 77210-4325	2480430	G	L 1 23S 36E LEA, NEW MEXICO
022507	TTT&I PO BOX 60628 MIDLAND, TX 79711	2480410	O	L 1 23S 36E LEA, NEW MEXICO

IV. Produced Water

²³ POD 2480450	²⁴ POD ULSTR Location and Description L 1 23S 36E LEA, NEW MEXICO
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ Total Depth	²⁸ PBTD	²⁹ Perforations
³⁰ HOLE SIZE	³¹ CASING & TUBING SIZE	³² DEPTH SET	³³ SACKS CEMENT	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Date of Test	³⁷ Length of Test	³⁸ Tubing Pressure	³⁹ Casing Pressure
⁴⁰ Choke Size	⁴¹ Oil - Bbls.	⁴² Water - Bbls.	⁴³ Gas - MCF	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ 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



Printed Name

Paul R. Wilcox

Title

Field Technician

Date

2/27/96

Telephone

397-0442

OIL CONSERVATION DIVISION

Approved By: ORIGINAL SIGNATURE OF JERRY SEXTON
DISTRICT I SUPERVISOR

Title: _____

Approval Date: **FEB 29 1996**

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

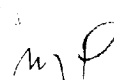
Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528

Previous Operator Signature

Printed Name

Title

Date



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

State of New Mexico
En 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 II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Exploration and Production Inc.	Well API No. 30 025 09205
Address P. O. Box 730 Hobbs, New Mexico 88240-2528	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528	

II. DESCRIPTION OF WELL AND LEASE

Lease Name E F KING	Well No. 2	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEE	Lease No. 393690
Location Unit Letter <u>L</u> : 1980 Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>1</u> Township <u>23S</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 C	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
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 M	Sec. 1	Twp. 23S	Rge. 36E	Is gas actually connected? YES	When ? UNKNOWN

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.

K. M. Miller
Signature
K. M. Miller
Div. Ops. Engr.
Printed Name
May 7, 1991
Date
915-688-4834
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.