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Appropriate District Office
DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production Inc.		Well API No. 3002509225
Address P.O. Box 730, Hobbs, New Mexico 88241-0730		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Well name change from HOBBS 'K' #1 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> (Langlie Mattix) to MEXICO 'E' COM #2 (Yates)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mexico 'E' Com	Well No. 2	Pool Name, Including Formation Jalmat Tansil Yates 7 R	Kind of Lease State, Federal or Fee	Lease No. B-1327
Location Unit Letter N : 660 Feet From The S Line and 1980 Feet From The W Line Section 2 Township 23-S Range 36-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
TEPT Texaco Expl. Prod. Inc.	P. O. Box 1137, Eunice, NM 88231	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?
	Yes	3-22-91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
		X				X		X
Date Spudded November 1959	Date Compl. Ready to Prod. 4-1-91	Total Depth 3690'	P.B.T.D. 3525'					
Elevations (DF, RKB, RT, GR, etc.) 3445.6 GL	Name of Producing Formation Yates	Top Oil/Gas Pay 3026'	Tubing Depth 3208'					
Perforations 3026-3436	Depth Casing Shoe 3690'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	306	200					
7 7/8	5 1/2	3690	250 (TOC 2718')					
			TEMP SURVEY					

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 206	Length of Test 24 Hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size (PUMP)

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 L.W. Johnson Engr. Asst.
Printed Name L.W. Johnson Title (505) 393-7191
Date 9-26-91 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.

RECEIVED

SEP 27 1991

OFF

HOBBS CITY