

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Texaco Inc

Address
PO Box 1060 Eunice, New Mexico 88231

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>C.P. Falby B Fed</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blinebry R-856</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>LC0337068</u>
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> <u>Shell Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1910 Midland, Texas</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135 Eunice, N.M.</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>8</u>
	Twp. <u>22S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u>	When <u>10/2/87</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

K. L. Johnson
(Signature)
AREA SUPERINTENDENT

(Title)
OCT 23 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 28 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

7A Area Bank

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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		
Date Spudded/Worked Over	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
9/24/87	9/29/87	6550				6154			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
DF 3422	Blinberry	5432				5977			
Perforations 5432, 40, 5548, 75, 5610, 25, 55, 90, 5760, 5814, 20 (22 holes, 2SPF)						Depth Casing Shoe			
						6549			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		10 3/4		341		300			
8 3/4		7		3500		300			
6 1/4		4 1/2		6549		300			
-		2 3/8		5977		-			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/7/87	10/23/87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
15 BO, 35 BW, 101 MCF	15	35	101

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