

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 Producing Inc
Address
PO Box 1060 Eunice, New Mexico
Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Baker B</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>Blinberry Oil and Gas</u>	Kind of Lease State, Federal or <u>(Fee)</u>	Lease No.
Location Unit Letter <u>K</u> : <u>2130</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>10</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 ☒ or Condensate ☐ <u>Shell Pipeline Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 2648 Houston TX 77001</u>	
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒ <u>Northern Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 3316 Midland TX 79701</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>10</u>
	Twp. <u>22S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>No</u> When <u>12-30-87</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. E. Johnson
(Signature)
AREA SUPERINTENDENT

(Title)
OCT 29 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 14 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	DILL Res'v.
			X		X		X		X
Date Spudded or Workover	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
7/28/87	8/3/87	6520				6170			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
DF 3411	Blinberry	5454				5832			
Perforations 5454, 64, 75, 82, 90, 95, 5512, 22, 43, 47, 61, 82, 90, 5606, 22, 36, 59, 66, 79, 88, 5712, 22, 35, 43, 53, 56, 69, 5783 (2 SAI)						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17"	13 3/8", 40.5"		166'		150				
12 1/4"	9 5/8", 36"		2822'		1000				
8"	7", 20", 23"		6520'		500 TOC 30'50'				
	2 3/8", 4.7"		5832'						

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.)	
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/MCF	Gravity of Condensate
301	24	—	—
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
orifice meter	40 psi	—	—

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