

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-21-78  
Format 06-01-83  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Texaco Producing Inc.  
Address  
P.O. Box 728, Hobbs, NM 88240

Reason(s) for filing (Check proper box)  
☐ New Well  
☒ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead 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>13</u>	Pool Name, including Formation <u>Tubb Oil &amp; Gas</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>990</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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipeline Corp.</u>	<u>P. O. Box 1910, Midland TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Producing Inc.</u>	<u>P. O. Box 3000, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>10</u> Twp. <u>22S</u> Rge. <u>37E</u>	Yes <u>02/12/86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-582

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.

Bennetta D. Goldridge  
(Signature)  
District Admin. Supervisor  
(Title)  
April 28, 1986  
(Date)

OIL CONSERVATION DIVISION  
APPROVED APR 30 1986, 19  
BY Eddie W. Seay  
TITLE Oil & Gas Inspector

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.	Diff. Re
		X			X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
01/30/86	02/12/86		6539'			6270'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3419' DF	Tubb		5980'			5900'			
Perforations						Depth Casing Shoe			
5980, 90, 96, 6005, 47, 51, 55, 63, 83, 6101 & 6107 w/2 JSPI, 22 holes						--			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15 1/2	13 3/4	158	150
11 1/4	9 5/8	2715	1000
8 1/4	7	5230	350
6 1/8	4 1/2	4929-6539	250

#### 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 oil well 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.)	
01/30/86	03/26/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	—	—	—
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	2	6	65

#### 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

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C.C.D.  
HOBBS OFFICE