

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
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 INC

Address P.O. BOX 728, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<u>DOWNHOLE COMMINGLED BUNEBRY OIL</u>
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<u>&amp; GAS AND SOUTH BRUNSON DRINKARD</u>
	<input type="checkbox"/> Dry Gas	<u>ABO ZONES</u>
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>A.H. BUNEBRY FED. NCT-1</u>	Well No. <u>6</u>	Pool Name, including Formation <u>SOUTH BRUNSON DRINKARD ABO</u>	Kind of Lease State, Federal or Fee	Lease No. <u>FED LC-032104</u>
Location				
Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1974</u> Feet From The <u>EAST</u>				
Line of Section <u>19</u> Township <u>22-S</u> Range <u>38-E</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>TEXAS N.M. PIPELINE CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2528, HOBBS, N.M. 88240</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>P.O. BOX 3000, TULSA, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>19</u>
	Twp. <u>22S</u>	Rge. <u>38E</u>
	Is gas actually connected?	When
	<u>YES</u>	<u>UNKNOWN</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-692

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.

KE Johnson  
(Signature)  
AREA SUPERINTENDENT

NOV 10 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 14 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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 deviated 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 multiple completed wells.

# IV. COMPLETION DATA

DOWNHOLE COMMINGLED

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
					X			
Date Spudded <b>MOVED IN</b> 11-1-88	Date Compl. Ready to Prod. 11-4-88	Total Depth 7124	P.D.T.D. 6925					
Elevations (DF, RKB, RT, GR, etc.) 3370 D.F.	Name of Producing Formation SOUTH BRUNSON DRINKARD ABO	Top Oil/Gas Pay 6842	Tubing Depth 6862					
Reservations OPENHOLE 6842-7124			Depth Casing Shoe 6842					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	403	475
11"	8 5/8"	2908	1800
7 7/8"	5 1/2"	6842	500

# 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 11-4-88	Date of Test 11-8-88	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test PMP 270/25 w/22 mcf	Oil - Bbls. 11 *	Water - Bbls. 10 *	Gas - MCF 15 *

## 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

\* ALLOCATION TO SOUTH BRUNSON DRINKARD ABO AS PER DHC - 692  
DATED APRIL 6, 1988.

RECEIVED

NOV 14 1988

MOBILE