Submit 5 copies to Appropriate District Office

E y, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

h												
Operator TEXACO EXPLORATION & PRODUCTION INC									ell API No. 30 025 32179			
Address P.O. BOX 730, HOBBS				 ,					3 023 32178			
		enorter of:				⊠ o	ther (Disease or					
	Change in Transporter of: Oil Dry Gas				_		iher (Please ex	-	vable of 200 Bbls			
Recompletion		님	•		Request test allo			-				
Change in Operator Casinghead Gas Condensa				Condensate	Feb. 1994							
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND L	EASE								-			
Lease Name		Well No.	. Pool	Name, Includ	ling Formation	205.3	Kind o	f Lease State, Fede	ral or Fee Lease	No.		
Sims, HO A		1	Tea	gue Blinebry	(58300	Fee)				
Location	_											
Unit Letter N	: <u>9</u> 8	90i	Feet Fro	om The	S Line	and <u>1980</u>	Feet	From The <u>V</u>	<u>/</u> L	ine		
Section 34	То	wnship_	22S		Range	37E	NMPM		LEA CO	YTNUC		
III. DESIGNATION OF TRANSPOR	TER OF OIL	AND NAT	URAL (3AS								
Name of Authorized Transporter of	Oil				Address (Chu	address to us	ich annroved	ony of this form	n is to be east			
Name of Authorized Transporter of Oil Condensate Texaco Trading & Transportation					Address (Give address to which approved copy of this form is to be sent) PO Box 60628, Midland, TX 79711							
Name of Authorized Transporter of Casinghead Gas Dry Gas					Address (Give address to which approved copy of this form is to be sent)							
Texaco E & P Inc					PO Box 3000, Tulsa, OK 74102							
If Well Produces oil or liquids,	Sec. Twp. Rge.			is gas actua	lly connected	? When	1?	1?				
give location of tanks	34	22\$	37E	Yes			12/1/93					
If this production is commingled with the	it from any othe	r lease or p	ool, give	commingling	g order numbe	r:						
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl	<u> </u>	Prod.		X Total Depth	<u> </u>	<u> </u>	P.B.T.D	l			
10/19/93 1/24/94					5800 5684'							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
GR=3320', KB=3340' Blinebry Perforations					5505							
5505'-5558'						Depth Casing Shoe 5800						
TUBING, CASING AND												
HOLE SIZE	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT				
12 1/4	8 5/8	8 5/8				1141			650, circ 84			
7 7/8	7/8 5 1/2				5800			2245, TOC 1500' TS				
V TEST BATA AND DESCRIPTION	25 444 6344				<u> </u>							
V. TEST DATA AND REQUEST FOOL WELL (Test must be after			an of los	ad oil and mu	et be equal t	n or avacad to	n alleumble f		- ha a 6 // 04 h			
Date First New Oil Run To Tank	Date of Tes		16 01 100	d on and me	, 				or be a full 24 r	iours.)		
Date Of 100t						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								_1				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					 							
VI. OPERATOR CERTIFICATE OF		-										
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.					OIL CONSERVATION DIVISION							
~ x11.() 0	- "							res	es			
Sirahusou					╢			rtb	2 4 1994			
Signature \					Date	Approved						
Larry W. Johnson Engr Asst					By ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name Title					ORIGINAL SIGNED BY JERRY SEXTON							
2/16/94 397-0426					Title_	. water	ואוכוע		<u> </u>			
Date Telephone No.												

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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.