

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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, N.M. 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Request temporary approval to commingle pending formal approval.
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name C.E. Penney FED NCT-4	Well No. 4	Pool Name, Including Formation Justis Tubb Drinkard	Kind of Lease State, Federal or Fee	Lease No. FED-MM-034995b
Location Unit Letter <u>E</u> ; <u>2310</u> Feet From The <u>North</u> Line, and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>25S</u> Range <u>35E</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"/> Texas N.M. Pipeline Co. (0055-1066)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1384, Jal, N.M. 88252	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>19</u>
	Twp. <u>25S</u>	Rge. <u>38E</u>
Is gas actually connected?	When <u>Unknown</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-49

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.

W.B. Loh
(Signature)
Dist. Opr. Mgr.
(Title)
5/3/85
(Date)

OIL CONSERVATION DIVISION

APPROVED EDDIE SEAY, 19 1985
BY EDDIE 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 XX	Gas Well	New Well	Workover XX	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 4/29/85		Total Depth 6800'		P.B.T.D. 6760'			
Elevations (DF, RKB, RT, CR, etc.) 3078' (GR)	Name of Producing Formation Justis Tubb Drinkard		Top Oil/Gas Pay 5806'		Tubing Depth 5745'			
Perforations 5806-6182' 2 JSPF (54 holes)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		880'		750			
12 1/4	9 5/8		3441'		1700			
8 3/4	7		7867'		900			

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 4/29/85	Date of Test 4/29/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 69	Water-Bbls. 72	Gas-MCF 105

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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