

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

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
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
Recompletion of existing well

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L. M. Buffington B</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Justis Tubb Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>25S</u> Range <u>38E</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>P.O. Box 1910, Midland, TX 79702</u>
Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐ <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>19</u> Twp. <u>25S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u> When <u>12/28/86</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.

(Signature)
District Administrative Supervisor
(Title)
01/12/87
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 15 1987, 19_____
BY _____
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 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'tv.	Diff. Res'tv.
	X			X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
--	12/28/86		7950'		7164'			
Levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3078' KB-3062' GR	Justis Tubb Drinkard		5816'		6207'			
Perforations					Depth Casing Shoe			
5816'-6186'-30 intervals, 2JSPI, 60 holes, .15" size.								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NA	13 3/8"		540'		Circ. to Surface			
NA	9 5/8"		3315'		1100 sx			
8 3/4	7"		7900'		825 sx - 1450 sx			

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.)	
12/28/86	12/28/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hour	--	--	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	4	11	5

GAS WELL

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

RECEIVED
 JAN 14 1987
 OCD
 HOBBS OFFICE