

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input 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 <u>SKELLY PENROSE 'A' UNIT</u>	Well No. <u>68</u>	Pool Name, including Formation <u>LANGFITE MATIX SEVEN RIVERS QUEEN</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. <u>-</u>
Location				
Unit Letter <u>N</u> : <u>95</u> Feet From The <u>SOUTH</u> Line and <u>2524</u> Feet From The <u>WEST</u>				
Line of Section <u>3</u> Township <u>23</u> Range <u>37</u> , NMPM, <u>LFA</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>SHELL PIPELINE CORP.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2648, HOUSTON, TX 77001</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 Sec. Twp. Rge. Is gas actually connected? When
	<u>I</u> <u>4</u> <u>23</u> <u>37</u> <u>YES</u> <u>2-23-88</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.

K.L. Johnson
(Signature)

AREA SUPERINTENDENT

(Title)

MAR 3 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 7 - 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-25-88	Date Compl. Ready to Prod. 2-23-88		Total Depth 3700		P.B.T.D. 3688				
Elevations (DF, RKB, RT, GR, etc.) 3297 GR	Name of Producing Formation LANGLIE MATRIX SEVEN RIVERS QUEEN		Top Oil/Gas Pay 3509		Tubing Depth 3582				
Perforations 20, 21, 16, 22-24, 26, 28, 30, 41, 42, 50, 52-54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100 (100 HOLES)						Depth Casing Shoe 3700'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14 3/4	11 3/4		1200		1000 SX				
11	8 5/8		2700		675 SX				
7 7/8	5 1/2		3700		700 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 2-23-88		Date of Test 2-29-88	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HR	Tubing Pressure -	Casing Pressure -	Choke Size -	
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 76	Gas - MCF 59	

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

MAR 4 - 1988
 DCC
 HOBBS OFFICE