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State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
TEXACO PRODUCING INC	30 025 30200
Address	
P.O. BOX 728 HOBBS, NM 88240	<input type="checkbox"/> Other (Please explain)
Reason(s) for Filing (Check proper box)	
Well <input type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Name of operator give name
Address of previous operator

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
W. HARRISON B TN	1	NORTH TEAGUE ELLENBERGER		313721
Location	Unit Letter	Feet From The	Line and	Feet From The
	C	593	NORTH	1707
			Line and	WEST
				Line
	Section	Township	Range	LEA County
	9	23 S	37 E	NMPM

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TEXAS - NEW MEXICO PIPELINE		P.O. BOX 2528 HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TEXACO PRODUCING INC.		P.O. BOX 3000 TULSA, OK 74102
Well produces oil or liquids, location of tanks.	Unit	Sec.
	C	9
		Twp.
		23 S
		Rge.
		37 E
Is gas actually connected?	When?	
YES	5-6-88	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Variations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Formations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

L WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

AS 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

I. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature R. L. Johnson AREA SUPERINTENDENT
Printed Name R. L. Johnson Title
Date APR 6 1989 Telephone No. 394-2885

OIL CONSERVATION DIVISION
APR 12 1989

Date Approved _____
By _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

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.
- and VI for changes of operator, well name or number, transporter, or other such changes.