

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>TEXACO PRODUCING INC</b>	
Address <b>P.O. BOX 728 HORRIS, NM 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain) <b>For Gas Connection</b>
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinthead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>B.F. HARRISON "B" TN</b>	Well No. <b>1</b>	Pool Name, including Formation <b>N. TEAGUE, ELENBURGER</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No. <b>313721</b>
Location Unit Letter <b>C</b> : <b>593</b> Feet From The <b>NORTH</b> Line and <b>1707</b> Feet From The <b>WEST</b> Line of Section <b>9</b> Township <b>23 S</b> Range <b>37 E</b> , NMPM, <b>LEA</b> 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"/> <b>TEXACO TRADING AND TRANSPORTATION INC</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 5548 TA DENVER, COLORADO 80217</b>					
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>TEXACO PRODUCING INC</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 3000 TULSA, OK 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>9</b>	Twp. <b>23 S</b>	Rge. <b>37 E</b>	Is gas actually connected? <b>YES</b>	When <b>5-6-88</b>

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)  
**AREA SUPERINTENDENT**  
(Title)  
**JUL 22 1988**  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 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'y.	Diff. Res'y.
		X		X					
Date Spudded 1-20-88	Date Compl. Ready to Prod. 3-27-88	Total Depth 10250				P.B.T.D. 10230			
Elevations (DF, RKB, RT, GR, etc.) 3332 KB	Name of Producing Formation N. TEAGUE, ELLENBURGER	Top Oil/Gas Pay 10182				Tubing Depth 9935			
Perforations 10182-92, 10203-26						Depth Casing Shoe 10250			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2	13 3/8		1180			1400			
12 1/4	9 5/8		3745			1950			
8 3/4	7		8900			1125			
6 1/8	5" LINER		TOP 8601 BLM 10250			375			

#### 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 3-25-88	Date of Test 3-27-88	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 270 PSI	Casing Pressure -	Choke Size 21/64"
Actual Prod. During Test	Oil - Bbls. 373	Water - Bbls. 7	Gas - MCF 270

#### 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