

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO PRODUCING INC.		Well API No. 30-025-30483
Address P.O. BOX 728 HOBBS, NM 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Change in Transporter of: New Well <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> GAS CONNECTION Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

Lease Name RR SIMS 7N		Well No. 1	Pool Name, Including Formation NORTH TEAGUE ELLENBERGER	Kind of Lease State, Federal or <input checked="" type="checkbox"/> Fee	Lease No. 6313726
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>2308</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <u>LEA</u> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO TRADING AND TRANSPORTATION INC.						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 5568 TA DENVER, COLORADO 80217	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO PRODUCING INC.						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000 TULSA, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 4	Twp. 23S	Rge. 37E	Is gas actually connected? YES	When? 2-24-89	

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

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.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

VI. 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 K. W. Johnson	Area Supt. Title
Printed Name 2-24-89	Telephone No. 505-394-2585
Date	

OIL CONSERVATION DIVISION FEB 27 1989	
Date Approved	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
By	
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.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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RECEIVED
FEB 27 1989
HODEL OFFICE