

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

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

STRICT III  
P.O. Box 87410, Rio Brazos Rd., Aztec, NM 87410

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

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

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) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-20-89 UNLESS AN EXCEPTION TO R-407Q IS OBTAINED.	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.			
DESCRIPTION OF WELL AND LEASE			
Well Name B.R. SIMS IN	Well No. 1	Pool Name, Including Formation NORTH TEAGUE ELLENBERGER	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee
Lease No. 6313726			
Location Unit Letter N : 330 Feet From The SOUTH Line and 2308 Feet From The WEST Line Section 4 Township 23S Range 37E, NMPM, LEA County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EXACO 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	
well produces oil or liquids, or location of tanks.	Unit N	Sec. 4	Twp. 23S
		Rge. 37E	
Is gas actually connected? No		When?	
This production is commingled with that from any other lease or pool, give commingling order number:			

II. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well
Date Spudded 11-26-88	Date Compl. Ready to Prod. 1-20-89	Total Depth 10254	P.B.T.D. 10244
Revisions (DF, RKB, RT, GR, etc.) 3326 KPS	Name of Producing Formation ELLENBERGER	Top Oil/Gas Pay 10186	Tubing Depth 9902
Formations 10126'-193', 10199'-212', 10218'-238' (86 HOLEFS)		Depth Casing Shoe 10254	

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" CASING	1180'	1400
12 1/4"	9 5/8" CASING	3800'	1750
8 3/4"	7" CASING	8690'	1050
6 1/8"	5" LINE	10254 @ 8362 10254 @ 10254	375

III. 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 1-20-89	Date of Test 1-22-89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 HR	Tubing Pressure 255 PSIG	Casing Pressure -	Choke Size 26/64
Actual Prod. During Test 414	Oil - Bbls. 414	Water - Bbls. 0	Gas - MCF 344

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

IV. 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.L. Johnson	AREA SUPERINTENDENT
Printed Name JAN 24 1989	Title 505-394-2585
Date	Telephone No.

OIL CONSERVATION DIVISION JAN 25 1989	
Date Approved	
By	Orig. Signed by Paul Kautz Geologist
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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