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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 31199
Address PO BOX 730, HOBBS, NM 88240		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Request permission to surface commingle for testing purposes. <i>for 30 days only</i>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name B.F. HARRISON 'B'	Well No. 3	Pool Name, Including Formation Northwest Teague Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>C</u> : <u>340</u> Feet From The <u>N</u> Line and <u>1700</u> Feet From The <u>W</u> Line Section <u>9</u> Township <u>23S</u> Range <u>37E</u> , <u>NMPM</u> , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXACO T & T	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 60628, MIDLAND, TX 79711-6028				
Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1137, EUNICE NM 88231				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 9	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 09-01-91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 05-29-91	Date Compl. Ready to Prod. 09-01-93		Total Depth 8907		P.B.T.D. 8700			
Elevations (DF, RKB, RT, GR, etc.) GR=3314, KB=3332	Name of Producing Formation Devonian		Top Oil/Gas Pay 7446		Tubing Depth			
Perforations 7446-7544					Depth Casing Shoe 8907			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	1165	1100 sx, circ 161 sx
12 1/4	9 5/8	3750	1600 sx, TOC 200' TS
8 3/8	5 1/2	8907	2220 sx, circ 346 sx
			DV Tool @ 6993

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

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

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
L.W. Johnson
Engr Asst
Printed Name
09-01-93
Date
505-393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 02 1993

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.
- 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.

RECEIVED

SEP 01 1993

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