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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

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 Texaco Exploration & Production Inc.		Well API No. 30-025-31199
Address P.O. Box 730, Hobbs, New Mexico 88241-0730		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-1-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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 Undesignated <u>Wildcat Fusselman</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. 313721
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> , NMPM, Lea 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"/> Texaco Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628 Midland, TX 79711-0628					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When ?

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 05-29-91	Date Compl. Ready to Prod. 06-27-91	Total Depth 8907'	P.B.T.D. 8860'					
Elevations (DF, RKB, RT, GR, etc.) GR-3314' KB-3332'	Name of Producing Formation Fusselman	Top Oil/Gas Pay 8786'	Tubing Depth 8684'					
Perforations 8786'-8790', 8794'-8799', 8810'-8824' (46 Holes)			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'		1100sx-Circ. 161sx			
12 1/4	9 5/8		3750'		1600sx-Top @ 200'TS			
8 3/8	5 1/2		8907'		2200sx-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 06-28-91	Date of Test 07-02-91	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 85#	Casing Pressure 0	Choke Size 22/64
Actual Prod. During Test 207 Bbls.	Oil - Bbls. 207	Water - Bbls. 0	Gas- MCF 61

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.

L.W. Johnson
Signature
L.W. Johnson Engr. Asst.
Printed Name
7/12/91
Date
(505) 393-7191
Telephone No.

OIL CONSERVATION DIVISION
JUL 15 1991

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.
- 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.