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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. 30-025-31200
Address P.O. Box 730, Hobbs, New Mexico 88241-0730		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)		

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. 4	Pool Name, Including Formation Teague Ellenburger	Kind of Lease State, Federal or <u>Fee</u>	Lease No. 313721
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>N</u> Line and <u>800</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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texas E&P Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. 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?			When?	
Yes			06-20-91	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 04-29-91	Date Compl. Ready to Prod. 06-21-91		Total Depth 10402'		P.B.T.D. 10282'			
Elevations (DF, RKB, RT, GR, etc.) Gr-3318' KB-3336'	Name of Producing Formation Ellenburger		Top Oil/Gas Pay 10222'		Tubing Depth 10256'			
Perforations 10220-10240, 10252-10276 (88 Holes)					Depth Casing Shoe 10402'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		1180'		1100sx-284 circ.			
12 1/4	9 5/8		3755'		1950sx-250 circ.			
8 3/4	5 1/2		10402'		2600sx-366 circ.			
					DV Tool @6965'			

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 06-23-91	Date of Test 07-02-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hour	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 398 Bbls.	Oil - Bbls. 216	Water - Bbls. 182	Gas- MCF 207

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 7/12/91 Title (505) 393-7191

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10 15 1991

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.