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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. 30-025-31201 |
| Address P.O. Box 730, Hobbs, New Mexico 88241-0730 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Request test allowable to sell approximately 490 bbls. Nov. 1991 | |
| 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. 5 | Pool Name, including Formation Teague Ellenburger N | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter E : 1950 Feet From The N Line and 560 Feet From The W Line Section 9 Township 23-S Range 37-E, 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 & Transportation Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 5568 TA, Denver, CO 80217 | | | | | |
| 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 06-23-91 | Date Compl. Ready to Prod. 08-03-91 | | Total Depth 10307' | | P.B.T.D. 10301' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3316 GL | Name of Producing Formation Ellenburger | | Top Oil/Gas Pay 10260' | | Tubing Depth 10200' | | | |
| Perforations 10260-74' | | | | | Depth Casing Shoe 10307' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2 | 13 3/8 | | 1180 | | 1100 SX, CIRC 298 SX | | | |
| 12 1/4 | 9 5/8 | | 3685 | | 1150 SX CIRC 85 SX | | | |
| 8 3/4 | 5 1/2 | | 10307 | | 2800 SX CIRC 425 SX | | | |
| | | | | | DV TOOL @ 7017' | | | |

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 08-03-91 | Date of Test 8-12-91 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 211 BBLs | Oil - Bbls. 8 | Water - Bbls. 203 | Gas- MCF 18 |

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 11-14-91 Title (505) 393-7191
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved _____
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.