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

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

State of New Mexico Energy, Minerals and Natural Resources Dep en

Form C-104
Revised 1-1-89
See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator TEXACO EXPLORATION & PRODUCTION INC 30 025-31539 Address PO BOX 730, HOBBS, NM 88240 Other (Please explain) Reason(s) for Filing (Check proper box) [X]Change in Transporter of: New Well Dry Gas Recompletion Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 313721 TEAGUE FUSSELMAN, NORTH B.F. HARRISON 'B' 6 FFF Location Feet From The N __ Feet From The W Unit Letter F , 1654 Range 37E 235 9 NMPM. County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate PO BOX 2528, HOBBS, NM 88231 TEX NM PIPELINE CO Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) X TEXACO E & P INC PO BOX 1137, EUNICE NM 88231 When ? Twp. is gas actually connected? If well produces oil or liquids, Unit Sec Rge. give location of tanks. Ε 9E 235 37E YES 11-05-92 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) | X Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded 8950' 8910' 11-05-92 10-07-92 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth GR-3313', KB-3330' **FUSSELMAN** 8868' 8689' Depth Casing Shoe 8950' 8868-8870 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE 17 1/2 1180' 900 - CIRC 140 13 3/8 1625 - CIRC 235 1700 - CIRC 100 3750 12 1/4 9 5/8 8950 5 1/2 7 7/8 TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test 11-07-92 **FLOW** 11-05-92 Choke Size Casing Pressure Length of Test **Tubing Pressure** 9/64 24 HR Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. 0 65 272 **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

Date Telephone No.

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.

.W. Johnson

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

Title_

Date Approved _

OIL CONSERVATION DIVISION

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with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Engr Asst

393-7191

- 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.

Printed Name