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

State of New Mexico nergy, Minerals and Natural Resources Depar

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

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30 025-31794 TEXACO EXPLORATION & PRODUCTION INC 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 Casinghead Gas Condensate \Box 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 FEE Lease No. Well No. | Pool Name, Including Formation Lease Name 313721 TEAGUE FUSSELMAN, NORTH 7 B.F. HARRISON 'B' Location Line and 800 N 510 Feet From The .. Line D Feet From The Unit Letter _ Range 37E LEA County 235 , NMPM. Township Section 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 XPO BOX 2528, HOBBS, NM 88231 TEX NM PIPELINE CO Address (Give address to which approved copy of this form is to be sent) or Dry Gas [Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC PO BOX 1137, EUNICE NM 88231 Is gas actually connected? When? Rge. Twp. Unit Sec If well produces oil or liquids, 01-01-93 23S | 37E 9E YES give location of tanks. E If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Deepen Gas Well New Well | Workover Oil Well Designate Type of Completion - (X) X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 8882 9000 01-14-93 11-24-92 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 8831" 8848' **FUSSELMAN** GR-3318, KB-3336 Depth Casing Shoe Perforations 9000' 8848-8878 TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE 900 - CIRC 134 1180 13 3/8 17 1/2 3750 1575 - CIRC 130 9 5/8 12 1/4 1725 - TOC @ 274' 9000 5 1/2 7 7/8 V. 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 **PUMP** 01-27-93 01-10-93 Choke Size Casing Pressure Tubing Pressure Length of Test 24 HR Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. R 272 107 379 **GAS WELL** Gravity of Condensate Rhis Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

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.

John-o-**Engr Asst** ..W. Johnson Title Printed Name 393-7191 02-04-93 Telephone No.

FEB 1 0 1993

Date Approved .

By DRIGINAL MENEO BY JERRY SEXTON THE TRICK 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.
- 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.

Date