

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Geology, 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. 30 025-31955
Address PO BOX 730, HOBBS, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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"/>
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. 8	Pool Name, Including Formation WILDCAT GLORIETA-PADDOCK	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>D</u> : <u>510</u> Feet From The <u>N</u> Line and <u>660</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 TEXACO T & T <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 60628, MIDLAND, TX 79711-6028					
Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1137, EUNICE NM 88231					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 9	Twp. 23S	Rge. 37E	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 05-25-93	Date Compl. Ready to Prod. 06-15-93		Total Depth 5400'		P.B.T.D. 5380'			
Elevations (DF, RKB, RT, GR, etc.) GR-3317', KB-3329'	Name of Producing Formation GLORIETA-PADDOCK		Top Oil/Gas Pay 5108'		Tubing Depth 5300'			
Perforations 5108-24, ⁵¹⁷⁴ 5474-91, 5266-86					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	11 3/4		1155'		500 - CIRC 15 SX			
7 7/8	5 1/2		5400'		2280 - CIRC 218 SX			
					DV TOOL @ 3750'			

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 06-18-93	Date of Test 06-18-93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 150	Water - Bbls. 12	Gas- MCF 123

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 06-28-93 Title 505-393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 30 1993

By Paul Kautz
Orig. Signed by
Geologist

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.