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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. 30 025-31956 |
| Address PO BOX 730, HOBBS, NM 88240 | | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) REQUEST TEST ALLOWABLE Recompletion <input type="checkbox"/> Change in Transporter of: 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. 9 | Pool Name, Including Formation TEAGUE BLINEBRY, NORTH | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location Unit Letter L 1840 Feet From The S Line and 670 Feet From The W Line Section 9 Township 23S Range 37E, 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 L | 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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 06-06-93 | Date Compl. Ready to Prod. 07-08-93 | Total Depth 6000' | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR-3320', KB-3332' | Name of Producing Formation TEAGUE BLINEBRY | Top Oil/Gas Pay 5602' | Tubing Depth 5492' | | | | | |
| Perforations 5602'-5826' | | | Depth Casing Shoe 6000' | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 14 3/4 | CASING & TUBING SIZE 11 3/4 | DEPTH SET 1180' | SACKS CEMENT 500 - TOC=50' | | | | | |
| 11-3611'; 7 7/8-6000' | 5 1/2 | 6000' | 3210 - TOC=1200' | | | | | |

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 07-08-93 | Date of Test 07-16-93 | Producing Method (Flow, pump, gas lift, etc.) FLOW | |
| Length of Test 24 HR | Tubing Pressure NA | Casing Pressure NA | Choke Size NA |
| Actual Prod. During Test | Oil - Bbls. 85 | Water - Bbls. 73 | Gas - MCF 601 |

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 L.W. Johnson Title
Date 07-16-93 Telephone No. 505-393-7191

OIL CONSERVATION DIVISION

Date Approved JUL 19 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.
- 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.