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

State of New Mexico
Energy, Minerals and Natural Resources Depa no

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NS	PO	RT OIL	AND NA	TUR	AL GA							
Operator TEXACO EXPLORATION & PRODUCTION INC										Well API No. 30 025-32159					
Address															
PO BOX 730, HOBBS, NM 8 Reason(s) for Filing (Check proper box)	8240					X Oth	er (Plac	se expla						 -	
New Well		Change in	Tran	sporte	er of:	Re	ques	t peri	nission	to co	omming	gle San An	dres		
Recompletion	Oil		Gas		production in existing					-	.,	ne	100		
Change in Operator	Casinghea	d Gas	Con	denm	te	1051	HIU	000	PK.	71	408	bs 16	ועכ	44.	
and address of previous operator					<u></u>										
II. DESCRIPTION OF WELL	AND LE		1	4		cat:	Say	He	dry	<u> </u>					
Lease Name B.F. HARRISON 'B'	Well No. Pook Name, Includi					•				Kind of Lease State, Federal or Fee FFE			Lease No.		
Location			1		<u>(</u>					-		!			
Unit LetterD	:990		Feet	Fron	n The	Y Lin	and _	660	<u></u> 1	Feet Fr	om The _	W		_Line	
Section 9 Township	, 23S _{Range} 37E					, NMPM,				LEA County				inty	
III. DESIGNATION OF TRANS				ND	NATU		a addra	10 to wh	ish approv	ad anni	of this f	in to be see	-d)		
Name of Authorized Transporter of Oil or Condensate TEX NM PIPELINE CO						Nouses (Oil		- •	h approved copy of this form is to be sent) 528, HOBBS, NM 88231						
Name of Authorized Transporter of Casinghead Gas X or TEXACO E & P INC					AS					proved copy of this form is to be sent) 7, EUNICE NM 88231					
If well produces oil or liquids, give location of tanks.	Unit	• •			Rge. 37E	Is gas actually connected?				n ?	00	06 00			
If this production is commingled with that f			23			ing order numi	YES				PC-78	-26-93 39			
IV. COMPLETION DATA															
Designate Type of Completion -		Oil Well	i		s Well	New Well	Work	over	Deepen	Plu	g Back	Same Res'v	Diff 1	Res'v	
Date Spudded 09-05-93	Date Compl. Ready to Prod. 10-27-93						Total Depth 5000'				P.B.T.D. 5000'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth					
GR-3319, KB-3331	GRAYBURG					3896'				NA NA					
Perforations 3896'-3994'												Depth Casing Shoe 5000'			
TUBING, CASING AND															
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT					
12 1/4	8 5/8					1180'				650 - CIRC 150					
7 7/8	5 1/2					5000'				1225 - TOC @ 1300' TS					
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABL	E		<u> </u>					-, -, ,,	-1			
OIL WELL (Test must be after re					and must						th or be f	for full 24 hour	s.)		
Date First New Oil Run To Tank	Date of Te	st				Producing Me	thod (F	low, pu	np, gas lift,	elc.)					
Length of Test	Tubing Pressure					Casing Pressure				Choke Size					
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF					
										Щ.					
GAS WELL Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF				Gravity of Condensate					
Notice for the Michig	Longui or Ton														
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR CERTIFICA					Œ	()IL (CON	SERV	/AT	ION I	DIVISIO	N		
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.							Date Approved OCT 2 7 1993								
7st Johnson							ORIGINAL SIGNED BY JERRY SEXTON								
Signature L.W. Johnson Engr Asst						-, -			DISTRICT	1 SU	PERVIS	U%			
Printed Name Title 10-27-93 505-393-7191						Title.	•						· · · · · · · · · · · · · · · · · · ·		
Date			phone		<u>- 1</u>										
	-	<u>'</u>				1[

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.
- 1) Separate Form C-104 must be filed for each pool in multiply completed wells.