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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. 30-025-32160
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) 6900 bbls Oct 1993 Recompletion <input type="checkbox"/> Change in Transporter of: REQUEST PERMISSION TO SURFACE GAMMINGLE PRODUCTION Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> FOR TEST PURPOSES. FUSSELMAN PRODUCTION WILL Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> BE COMMINGLED W/ ELLENBURGER & DEVONIAN.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name R.R. SIMS A	Well No. 3	Pool Name, Including Formation NORTH TEAGUE FUSSELMAN	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N : 380 Feet From The S Line and 2175 Feet From The W Line Section 4 Township 23S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEX NEW-MEX PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO E & P INC	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 4	Twp. 23S	Rge. 37E	Is gas actually connected? <input type="checkbox"/>	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 09-01-93	Date Compl. Ready to Prod. 09-27-93		Total Depth 8950'		P.B.T.D. 8950'			
Elevations (DF, RKB, RT, GR, etc.) GR-3335', KB-3349'	Name of Producing Formation FUSSELMAN		Top Oil/Gas Pay 8832'		Tubing Depth			
Perforations 8832-36'					Depth Casing Shoe 8950'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	11 3/4		1180		550 SK - CIRC 74 SK			
11	8 5/8		3750		825 SK - TOC 700' TS			
7 7/8	5 1/2		8950		2100 SK - CIRC 120 SK			
					DU TOOL @ 6980'			

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.)

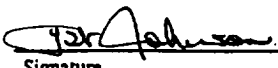
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
Printed Name
9-27-93
Date
505-393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 28 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.

PROHIBITED

SEP 27 1993

OCD 10020
OFFICE