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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 32225
Address P.O. 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 R.R. Sims 'A'	Well No. 4	Pool Name, Including Formation Teague Northwest, Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>S</u> Line and <u>960</u> Feet From The <u>W</u> Line Section <u>4</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas NM 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? Yes	When ? 12-06-93

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 12-06-93	Date Compl. Ready to Prod. 12-06-93		Total Depth 7700		P.B.T.D. 7653			
Elevations (DF, RKB, RT, GR, etc.) GR=3324, KB=3338	Name of Producing Formation Devonian		Top Oil/Gas Pay 7440		Tubing Depth 7350			
Perforations 7440-7527					Depth Casing Shoe 7700			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	11 3/4	1215	750, circ 90
11	8 5/8	3750	1825, TOC 1600' TS
7 7/8	5 1/2	7700	1630, circ 331
			DV Tool @ 6975

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 12-07-93	Date of Test 12-09-93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hr	Tubing Pressure 510	Casing Pressure	Choke Size 13/64
Actual Prod. During Test 279	Oil - Bbls. 277	Water - Bbls. 2	Gas- MCF 160

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 01-07-94 Title 505-393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 11 1994
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.