## Submit 5 copies to Appropriate District Office

State of New Mexico

gy, Minerals and Natural Resources Department

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

<u>DISTRICT I</u>

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.													
Operator TEXACO EXPLORATION & PRODUCTION INC							w			all API No. 30 025 32226			
Address P.O. BOX 730	, HOBBS	S, NM 88240			,								
New Well	r	Change in Trans	porter of:				⊠ ou	her (Please ex	mlain)		<del></del>		
Recompletion	_	Oil Dry Gas					-	-	ite Drinkard zoni	e			
•			님	•									
Change in Operator	<u> Ц</u>	Casinghead Gas	• 	Ш.	Condensate	• 🗆	448	)2 b	obs	Marc	hM		
If change of operator give name and of previous operator	address												
II. DESCRIPTION OF WEL	L AND L	EASE											
Lease Name		[	Well No.	1		ding Formation		ļ	of Lease State, Feder	nai or Fee Lease	No.		
F.B. Davis			1	Drir	nkard	Teagu	6	Fee	<u> </u>				
Location Unit Letter	Δ	;66	0 =	Foot Er		· •		Feet	From The <u>E</u>	1	ine		
										Lea CC			
						Range				CC			
III. DESIGNATION OF TRA	NSPOR	TER OF OIL A	ND NAT	URAL	GAS								
Name of Authorized Transporter of Oil Condensate						Address (Give address to which approved copy of this form is to be sent)							
Texaco Trading & Transportation						PO Box 60628, Midland, TX 79711-0628							
Name of Authorized Transport	er of	Casinghea	d Gas 🗵	] (	Dry Gas 🔲	Address (Give	address to wh	ich approved	copy of this form	n is to be sent)			
Texaco E & P Inc						PO Box 1137, Eunice, NM 88231							
If Well Produces oil or liqui	ds,	Unit Sec. Twr			Rge.	Is gas actually connected? When			n?				
give location of tanks	A	235	37E	Yes									
If this production is commingle	ed with the	at from any other	lease or p	ool, giv	e comminglin	g order number					,		
IV. COMPLETION DATA		·		. •	J	•	<del></del>		<del> </del>				
Designate Type of Com	pletion	- (X)	Oil We	ell	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v		
Date Spudded		Date Compl.	Ready to I	Prod.		Total Depth		· ,	P.B.T.D				
	11/20/93  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					7700' Top Oil/Gas Pay			Tubing Depth				
GR-3323', KB-3337' Drinkard						6522'							
Perforations 6357-6421									Depth Casing	_			
0537-0421			THENIC	2 0 0	SING AND	CEMENTIN	IC PECOP	<u> </u>	<u> </u>	7700'	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE		T	ING and T	•		CEIVICIATII	DEPTH SET	<u></u>	T	SACKS CEMEN	JT		
14 3/4		11 3/4				1180	52 52.		750, circ 190				
11		8 5/8							1825, circ 30				
		5 1/2				3750 7700			290, circ 112, DV @ 6975'				
7 7/8	3 112				17700			1290, circ 300					
V. TEST DATA AND REQ	UEST F	OR ALLOWAE	BLE			<del></del>		· · · · · · · · · · · · · · · · · · ·	_1,:				
		er recovery of t		ne of lo	ad oil and m	ust be equal t	o or exceed to	op allowable	for this depth	or be a full 24 l	hours.)		
Date First New Oil Run To Tank  Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	n of Test Tubing Pressure					Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas - MCF				
GAS WELL								<u>.</u>	<u>. l</u>				
Actual Prod. Test - MCF/D Length of Test					Bbls, Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr	ting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
					· · · · · · · · · · · · · · · · · · ·		<del></del>		1				
VI. OPERATOR CERTIFICATION  I hereby certify that the rules and Division have been complied with is true and complete to the best.	regulation	s of the Oil Conser the information give	ration				OIL C	ONSER	VATION	DIVISION	١		
Cyst Jahr	5•				<del></del>				MAR	03 1994			
Signature Larry W. Johnson Engr Asst						Date Approved							
Printed Name Title					By_	ORIG	DISTRIC	I SUPERV	SOR				
2/27/94		39	7-0426			Title		או פוע	JOI LIKE				
Date		**	onhono N										

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- 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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.