Submit 5 copies to Appropriate District Office

State of New Mexico

Ene. ___, Minerals and Natural Resources Department

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

DISTRICT I

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

l.													
Operator TEXACO EXPLORATION & PRODUCTION INC							Well API No. 30 025 32227						
Address P.O. BOX 730	, HOBBS, N	M 88240											
New Well Recompletion	Cha	Change in Transporter of:				Other (Please explain) Request test allowable							
Change in Operator	asinghead Gas Condensate										. (.)		
If change of operator give name and of previous operator	d address			·				<u> </u>					
II. DESCRIPTION OF WEL	L AND LEA	SE	T						(Vind o	f Lease State, Feder	nter Foo 19	<u> </u>	
Lease Name F.B. DAVIS Location			Well No 2	1		ling Formation rieta/Up Paddo		· · · · · · · · · · · · · · · · · · ·	Fee		al or Fee Loase	No.	
	rA	_: <u>5</u> 1	10	Feet Fr	om The	N_Line	and 500	<u></u> ı	Feet I	From The <u>E</u>	L	ine	
Section	8	То	wnship	238		Range	37E	_NMPN	1		LEA_CC	DUNTY	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND 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. Name of Authorized Transporter of Casinghead Gas Dry Gas Dry Gas						PO Box 60628, Midland, TX 79711-0628							
Name of Authorized Transporter of Casinghead Gas Dry Gas Texaco E & P Inc						Address (Give address to which approved copy of this form is to be se PO Box 1137, Eunice, NM 88231							
If Well Produces oil or liqui	ds,	Unit Sec. Twp			Rge.				Wher	1?			
give locaton of tanks	A 8 23S			37E	Yes				1/1/94				
If this production is commingle IV. COMPLETION DATA	ed with that fro	om any othe	r lease or p	pool, giv	e comminglin	g order numbe	r:						
Designate Type of Con	(X) Oil Well			Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded 12/8/93		Date Compi. Ready to Prod.				Total Depth 5400				P.B.T.D 5359			
Elevations (DF, RKB, RT, GR, GR=3323	Name of Pr	ne of Producing Formation PADDOCK				Top Oil/Gas Pay 5120			Tubing Depth				
Perforations 5120-5136										Depth Casing Shoe 5400			
			TUBING	G, CAS	SING AND	CEMENTI	NG RECOR	D					
HOLE SIZE CASING				TUBING	SIZE	DEPTH SET			SACKS CEMENT				
12 1/4		8 5/8				1185			600, Circ 140				
7 7/8		5 1/2				5400			350, Circ 140, DV @ 4102, 820, Circ 200				
V. TEST DATA AND REC													
		ecovery of	total volur	ne of lo	ad oil and m						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		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 (pitot, back pr	r.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFI	CATE OF C	OMPLIAN	CE								*		
I hereby certify that the rules and Division have been complied with is true and complete to the best	th and that the in	formation giv					OIL C	ONS	ER۱	VATION	DIVISION	J	
Signature Signature	-					Doto	Annroyed		,	JAN 21	1994		
Signature Larry W. Johnson Engr Asst						1	Approved	RIGIN			JERRY SEX	TON	
Printed Name Title					By_				RICT I SUP		1014		
1/21/94		39	7-0426			Title							
Date		Te	elephone !	No.		71							

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 IV 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.