Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

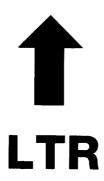
Form C-103 Revised 1-1-89

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION WELL ADINO

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2	WELL API NO. 30-025-32228				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	5. Indicate Type of Lease STATE FEE X				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.			
(DO NOT USE THIS FORM FOR PF DIFFERENT RESI (FORM	TICES AND REPORTS ON W ROPOSALS TO DRILL OR TO DEEP ERVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name F.B. DAVIS				
1. Type of Well: ORL GAS WELL X WELL	OTHER					
2. Name of Operator TEXACO EXPLORATION AND	PRODUCTION INC.		8. Well No.			
2 Address of Operator	lidland, Texas 79702		9. Pool name or Wilden Parktuck TEAGUE BLINEBRY RSSEC			
4. Well Location Unit Letter H :1	880 Feet Prom The NORTH	Line and	565 Feet From The EAST Line			
Section 8	10. Elevation (Show who GR-3321', KB-33	Range 37-EAST ether DF, RKB, RT, GR, etc.) 325'	NMPM LEA County Report or Other Data			
11. Chec	k Appropriate Box to Indica NTENTION TO:	ate Nature of Nodec, i	BSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING]	CASING TEST AND	[7]			
OTHER:		OTHER: SQUEEZE	. 000			
work) SEE RULE 1103. 1. MIRU SERVICE UNIT. RELIPERF 4 SQUEEZE HOLES @ : 2. RIG UP DOWELL ON 8 5/ ANOTHER 76 BBLS FRESH V 3. DOWELL CEMENTED: 15 . F/B 50 SACKS CLASS H V 4. RAN TEMPERATURE SURV 5. PERF 4 SQUEEZE HOLES 1/4# FLOCELE (12.8 PPG, 15 SACKS. DRILL OUT CEM	EASED PACKER. TOH W/ PAG 3900'. SET CEMENT RETAINI 8 X 5 1/2 BRADEN HEAD. PI VATER DOWN BRADEN HEAD 0 SACKS 35/65 POZ CLASS N/ 2% CACL2 (15.6 PPG, 1. VEY. TOP OF CEMENT @ 360	CKER. SET CIBP @ 4106 ER @ 3812'. UMPED 46 BBLS FRESH @ 1.1 BPM 2 880#. H W/ 6% GEL, 5% SAL 19 CF/S). DID NOT CIF O'. ED W/ 1000 SACKS 36 S CLASS H W/ 2% CAL @ 2600' TO 1500# FO	5/65 POZ CLASS H W/ 6% GEL, 5% SALT, .C2 (15.6 PPG, 1.19 CF/S). CIRCULATED R 30 MINUTES 02-23-94.			
I hereby certify that the information above signature . P. Box	to in true and complete to the best of my knowle sham / SAH AM	ledge and belief. TITLE DRILLING OPER	RATIONS MANAGER DATE 03-02-94 TELEPHONE NO. 915-68846			
(This space for State Use)			LIND BY INDIVIDUAL STATES AND AN ADDITION OF ADDITION			
APPROVED BY			CT I SUPERVISOR DATE			
WILMARD A						







Job separation sheet

Submit 5 copies to Appropriate District Office **DISTRICT I**

DISTRICT II

J, Minerals and Natural Resources Department

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

P.O. Box 1980, Hobbs, NM 88240

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

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC.							Well API No.					
Address	IN & PRODUC	HON INC.					3	0-025-32228				
P.O. BOX 730, HOBBS	, NM 88240											
New Well 🔲 C	Change in Transp	orter of:				ther (Please ex	plain)					
Recompletion	Dil		Dry Gas						•			
Change in Operator	Casinghead Gas		Condensat	e 🔲								
If change of operator give name and address of previous operator		, ,										
II. DESCRIPTION OF WELL AND LE	ASE				In-1-	i q						
Lease Name	١	Well No.	Pool Name, Inclu TEAGUE BLINE	ding Formation	1 633		f Lease State, Fede	ral or Fee Lease	No.			
F B DAVIS Location		3 N	10/1/94	BRY <u>(اعم</u> ان) 353 ل		FEI	<u> </u>					
Unit Letter H	:1880	Fee	t From Thet	-		Feet	From TheE	AST L	.ine			
Section 8	Town								HINTY			
	10111			range					701111			
III. DESIGNATION OF TRANSPORT	ER OF OIL AN	D NATUR	AL GAS									
Name of Authorized Transporter of	Oil		Condensate 🔲	1		hich approved o		n is to be sent)				
TEXACO T AND T INC. Name of Authorized Transporter of	Casinghead	Gas 🔀	Dry Gas	· · · · · · · · · · · · · · · · · · ·		ND, TEXAS 7						
TEXACO E & PINC.	oddingnodd		Diy Gas	1		nich approved d E, NEW MEX		of this form is to be sent)				
If Well Produces oil or liquids,	Unit S	ec. Tw	p. Rge.		lly connected							
give locaton of tanks	Н	8 23		YES	·		·	1/3/94				
If this production is commingled with that	from any other le	ase or pool,	give comminglin	g order numbe	r:							
IV. COMPLETION DATA	1.		J 0 104 II	\$114f-H	144-4	1 _		 	 			
Designate Type of Completion -	<u> </u>	Oil Well X	Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded 10/30/93	Date Compl. R	-	l.	Total Depth	6000'		P.B.T.D	5000				
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	1/3/94 icing Format	tion	Top Oil/Gas	6000' 5986' Top Oil/Gas Pay Tubing Depth							
GR-3321'- KB-3325' tTeague Blinebry				5616			5513'					
Perforations 5616-5890'							Depth Casing	g Shoe 6000'				
			ASING AND	CEMENTIN			γ					
HOLE SIZE	8 5/8	CASING and TUBING SIZE			DEPTH SET			SACKS CEMENT 650, circ 65				
7 7/8	5 1/2			6000		· ··· · · · · · · · · · · · · · · · ·	1435, TOC 3800' TS					
			-1				1400, 100 0000 10					
	<u> </u>											
V. TEST DATA AND REQUEST FO			flood oil and m	unt ha agual t	o or aveced to	an allaumbla fe	eribio domin	b 6.11 0.4 b				
OIL WELL (Test must be after	Date of Test	ai voiume o	r load oil and m			op allowable to ump, gas lift, et		or be a full 24 r	iours.)			
12/17/93	Buto or root	01/08/94		, rocaoing in	5410 4 (1 1041, p.		Flow					
Length of Test	Tubing Pressur			Casing Press	sure		Choke Size	04/04				
24 Actual Prod. During Test	375 Oil - Bbls.		Water - Bbls.			24/64 Gas - MCF						
		103		135			521					
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test	V		Bbis. Conde	nsate/MMCF		Gravity of Co	ondensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFICATE OF	COMPLIANCE						<u> </u>					
I hereby certify that the rules and regulations of Division have been complied with and that the is true and complete to the best of my knowled	information given a				OIL C	ONSERV	/ATION	DIVISION	ł			
CHALLEN												
Signature				Date	Approved	IAN O	1 1994					
Monte C. Duncan	Engr /	Asst				OHIT &						
Printed Name	Title		-	∥ ^{Бу} —	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
1/20/94	397-0	418		Title_								
Date	Telepl	hone No.		Ш								

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.