

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

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. 30-025-32228	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
REQUEST TEST OIL ALLOWABLE OF 3317 BARRELS FOR JANUARY 1994			

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name F B DAVIS	Well No. 3	Pool Name, including Formation TEAGUE BLINEBRY	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>H</u> : <u>1880</u> Feet From The <u>NORTH</u> Line and <u>565</u> Feet From The <u>EAST</u> Line Section <u>8</u> Township <u>23-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of TEXACO T AND T INC.	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 6196 MIDLAND, TEXAS 79711		
Name of Authorized Transporter of TEXACO E & P INC.	Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137 EUNICE, NEW MEXICO 88231		
If Well Produces oil or liquids, give locaton of tanks	Unit H	Sec. 8	Twp. 23S	Rge. 37E
Is gas actually connected? YES		When? 1/3/94		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations 5616-5890						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 a 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 (pitot, 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 Monte C. Duncan		Engr Asst
Printed Name 1/10/94		Title 397-0418
Date		Telephone No.

OIL CONSERVATION DIVISION

JAN 10 1994

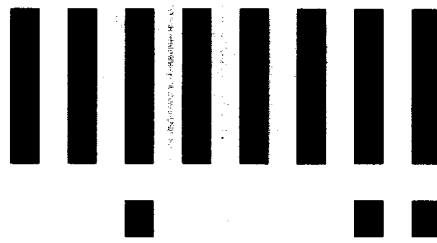
Date Approved

By

Title ORIGINAL SIGNED BY JERRY WYTON
DISTRICT I SUPERVISOR

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.



LTR



Job separation sheet

DISTRICT I
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P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-32228
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name F.B. DAVIS
8. Well No. 3
9. Pool name or Wildcat TEAGUE BLINEBRY
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3321', KB-3325'

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.
3. Address of Operator P. O. Box 3109 Midland, Texas 79702	4. Well Location Unit Letter H : 1880 Feet From The NORTH Line and 565 Feet From The EAST Line Section 8 Township 23-SOUTH Range 37-EAST NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3321', KB-3325'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: PRODUCTION CASING <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. DRILLED 7 7/8 HOLE TO 6000'. TD @ 6:00 AM 11-19-93.
2. RAN 93 JOINTS OF 5 1/2, 15.5# WC-50, 20 JOINTS OF 15.5# J-55 AND 31 JOINTS OF 15.5# LS-65. LTC CASING SET @ 6000'.
3. DOWELL CEMENTED WITH 775 SACKS 35/65 POZ CLASS H W/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8 PPG, 1.94 CF/S). F/B 660 SACKS 50/50 POZ CLASS H W/ 2% GEL, 5% SALT, 1/4# FLOCELE (14.2 PPG, 1.35 CF/S). PLUG DOWN @ 11:30 PM 11-19-93. DID NOT CIRCULATE CEMENT.
4. RAN TEMPERATURE SURVEY. TOP OF CEMENT @ 3800'.
5. ND. RELEASE RIG @ 6:00 AM 11-20-93.
6. PREP TO COMPLETE.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C.P. Basham / JSH TITLE DRILLING OPERATIONS MANAGER DATE 11-22-93
TYPE OR PRINT NAME C.P. BASHAM TELEPHONE NO. 915-6884620

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 29 1993

CONDITIONS OF APPROVAL, IF ANY: