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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 <u>Texaco Producing Inc.</u>		Well API No. <u>30-025-111500000</u>
Address <u>P.O. Box 728 Hobbs, NM</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
<input checked="" type="checkbox"/> Other (Please explain) <u>Recomplete to Jalmat & DHC w/existing langlier</u> <u>Matthew OH</u>		
If change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cooper Jal Unit</u>	Well No. <u>123</u>	Pool Name, Including Formation <u>Jalmat Tansill Yates 7R</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>NM-12612</u>
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2648, Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, Texas 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>24</u>	Twp. <u>24S</u>	Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u>	When? <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input checked="" type="checkbox"/> Diff Res'v	Date Spudded <u>4/12/89</u>	Date Compl. Ready to Prod. <u>4/12/89</u>	Total Depth <u>3650</u>	P.B.T.D. <u>3650</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3310' DF</u>	Name of Producing Formation <u>Jalmat Tansill Yates 7R</u>	Top Oil/Gas Pay <u>2996'</u>	Tubing Depth <u>3429'</u>	Depth Casing Shoe <u>3363'</u>
Perforations <u>2996' - 3217'</u>				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>9 5/8"</u>	<u>290'</u>	<u>150 SK.</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3363'</u>	<u>250 out shoe + 100 out DVC/357'</u>
	<u>2 3/8"</u>	<u>3429'</u> <u>3366' SN</u>	

VI. 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 <u>4-13-89</u>	Date of Test <u>5-9-89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>45%</u> <u>DHC Total / Jalmat Split</u>	Oil - Bbls. <u>72.1 / 32.4</u>	Water - Bbls. <u>234.3 / 105</u>	Gas - MCF <u>18.6 / 8.4</u>

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 K.L. Johnson AREA SUPERINTENDENT
Printed Name K.L. Johnson Title 394-2585
Date MAY 12 1989 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 26 1989

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.