

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |   |
|---|---|
| Operator  |   |
| Texaco Producing Inc.   |   |
| Address   |   |
| P. O. Box 728, Hobbs, NM 88240  |   |
| Reason(s) for filing (Check proper box)   | Other (Please explain)  |
| <input type="checkbox"/> New Well<br><input checked="" type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                          |              |   |                               |           |
|--------------------------|--------------|---|-------------------------------|-----------|
| Lease Name               | Well No.     | Pool Name, including Formation                      | Kind of Lease                 | Lease No. |
| West Dollarhide Drinkard | 91           | Dollarhide Tubb Drinkard                            | State, Federal or Fee Federal | NM10186   |
| Location                 | Unit         |   |                               |           |
| Unit Letter H            | 1980         | Feet From The North Line and 990 Feet From The East |                               |           |
| Line of Section 31       | Township 24S | Range 38E   | , NMPM. Lea County            |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Texas NM Pipeline Co. (0055-0703)  | P. O. Box 2528, Hobbs, NM 88240  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co.  | P. O. Box 1492, El Paso, TX 79978  |
| If well produces oil or liquids,<br>give location of tanks.  | Is gas actually connected? when  |
| Unit D Sec. 32 Twp. 24S Rge. 38E   | Yes 06/12/86   |

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


NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
District Administrative Supervisor  
(Title)  
09/19/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED , 19  
BY ORIGINAL SIGNED BY JERRY TEXMON  
DISTRICT SUPERVISOR  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

|  |                             |                            |          |                 |          |                   |           |             |           |
|--|-----------------------------|----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|-----------|
| Designation Type of Completion - (X)   |                             | Oil well                   | Gas well | New Well        | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res |
|  |                             | X                          |          |                 | X        |                   |           |             |           |
| Date Spudded   | Workover                    | Date Compl. Ready to Prod. |          | Total Depth     |          | P.B.T.D.          |           |             |           |
| 05/08/86   |                             | 06/12/86                   |          | 8500'           |          | ---               |           |             |           |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |                            |          | Top Oil/Gas Pay |          | Tubing Depth      |           |             |           |
| 3146' DF   | Dollarhide Tubb Drinkard    |                            |          | 6546'           |          | 6692'             |           |             |           |
| Perforations 6546-63, 6583-96, 6601-10, 6621-25, 6639-43, 6650-54, 6661-63, 6667-74, 6678-92, (2JSPI, 76 shots, 152 holes) |                             |                            |          |                 |          | Depth Casing Shoe |           |             |           |
| TUBING, CASING, AND CEMENTING RECORD   |                             |                            |          |                 |          |                   |           |             |           |
| HOLE SIZE  |                             | CASING & TUBING SIZE       |          | DEPTH SET       |          | SACKS CEMENT      |           |             |           |
| 17 1/2"  |                             | 13 3/8"                    |          | 605'            |          | 700 sx            |           |             |           |
| 12 3/4"  |                             | 9 5/8"                     |          | 3814'           |          | 1450 sx           |           |             |           |
| 8 3/4"   |                             | 7"                         |          | 8895'           |          | 800sx             |           |             |           |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Text 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 Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 06/12/86                        | 07/01/86        | Pumping                                       |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24 hr.                          | ---             | ---   | ---        |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
|                                 | 50              | 306   | 31000      |

#### GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (plot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |