

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Texaco Producing Inc.

Address
P.O. Box 728 Hobbs, N.M. 88240 (505-394-2585)

Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ Gas
☐ Condensate
☐ Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cooper Jal Unit</u>	Well No. <u>153</u>	Pool Name, including Formation <u>Jalmat Tansill Yates Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC032715</u>
Location Unit Letter <u>L</u> : <u>280</u> Feet From The <u>West</u> Line and <u>1400</u> Feet From The <u>South</u>				
Line of Section <u>19</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <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 Gas ☒ or Dry Gas ☐ <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: R-5590

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.

K. E. Johnson
(Signature)
AREA SUPERINTENDENT
(Title)
JUL 22 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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

Designate Type of Completion - (X)		Oil Well ☒	Gas Well ☐	New Well ☐	Workover ☒	Deepen ☐	Plug Back ☐	Same Res'v. ☐	Drill Res'v. ☒
Date Spudded 1979	Date Compl. Ready to Prod. 7/2/87	Total Depth 3711			P.B.T.D. 3555				
Elevations (DF, RKB, RT, CR, etc.) 3302 KB	Name of Producing Formation Yates & Seven Rivers	Top Oil/Gas Pay 3003'			Tubing Depth 3477' SW				
Perforations 3003'-3229' OK						Depth Casing Shoe 3711			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	379'	250
7 7/8"	5 1/2"	3711'	1000

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all c&s must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/9/87	Date of Test 7/15/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 35	Water - Bbls. 104	Gas - MCF 29.4

NOTE: Jalmat & Langlie Mattix are DHC'd. Test given above is Jalmat 70% split.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RECEIVED
JUL 23 1987
OCD
HOBBS OFFICE