

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
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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, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>WEST DELLARHIDE DRINKARD UNIT</u>	Well No. <u>94</u>	Pool Name, including Formation <u>DELLARHIDE TUBB DRINKARD</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>89613</u>
Location				
Unit Letter <u>L</u> : <u>2550</u> Feet From The <u>SOUTH</u> Line and <u>130</u> Feet From The <u>WEST</u>				
Line of Section <u>32</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>LEA</u> 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"/> <u>TEXAS NEW MEXICO PIPELINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 2528 HOBBS N.M. 88240</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>P.O. BOX 1492, EL PASO, TX 79978</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>32</u>
	Twp. <u>24S</u>	Rge. <u>38E</u>
	Is gas actually connected?	When
	<u>YES</u>	<u>12-9-87</u>

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.

K. Johnson
(Signature)
AREA SUPERINTENDENT
(Title)
JAN 5 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 25 1988, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 11-15-87	Date Compl. Ready to Prod. 12-30-87	Total Depth 6856				P.B.T.D. 6825			
Elevations (DF, RKB, RT, GR, etc.) 3158 KB	Name of Producing Formation DOLLARHIDE TOBB DRINKARD	Top Oil/Gas Pay 6362				Tubing Depth 6791			
Perforations 6362'-6824', 165 INTERVALS, 2SPF						Depth Casing Shoe 6856'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1204'	1400 SXS
12 1/4"	8 5/8"	3050'	1300 SXS
7 7/8"	5 1/2"	6856'	1000 SXS

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 12-9-87	Date of Test 1-2-88	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure N.A.	Casing Pressure N.A.	Choke Size N.A.
Actual Prod. During Test PUMP/217°/242 ^w /119 ^{MCF}	Oil - Bbls. 217	Water - Bbls. 242	Gas - MCF 119

GAS WELL

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