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Appropriate District Office
District I
P.O. Box 1980, Hobbs, NM 88240

District II
P.O. Drawer DD, Artesia, NM 88210

District III
P.O. Box 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO PRODUCING INC	Well API No. 30-025-30228
Address P.O. BOX 728, HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Fee	Lease No. B-9613
Lease Name WEST DOLLARHIDE DRINKARD UNIT	Well No. 92	Pool Name, Including Formation DOLLARHIDE TUBB DRINKARD	
Location Unit Letter F : 1585 Feet From The NORTH Line and 1460 Feet From The EAST Line Section 32 Township 24-S Range 38-E , NMPM, LEA County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPELINE COMPANY		P.O. BOX 2528, HOBBS, N.M. 88240				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY		P.O. BOX 1492, EL PASO, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 24S	Rge. 38E	Is gas actually connected? YES	When? 5-9-89

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)				<input checked="" type="checkbox"/>					
Date Spudded 4-12-89	Date Compl. Ready to Prod. 5-9-89	Total Depth 6920		P.B.T.D. 6886					
Elevations (DF, RKB, RT, GR, etc.) KB 3178.8	Name of Producing Formation DOLLARHIDE TUBB DRINKARD	Top Oil/Gas Pay 6050		Tubing Depth 6867					
Perforations 6422'-6866'; 194 HOLES, 1 SPF, -37" DIA.		Depth Casing Shoe 6920							
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		1256'		1300 SXS (CIRC)			
12 1/4" (1256-3842)		5 1/2"		6920'		3005 SXS (CIRC)			
7 7/8" (3842-6920)									

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 5-9-88 39	Date of Test 5-22-89	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 730/312 w/145 GOR	Oil - Bbls. 73	Water - Bbls. 312	Gas - MCF 11

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 R. Johnson	AREA SUPERINTENDENT
Printed Name MAY 22 1989	Title 394-2585
Date	Telephone No.

OIL CONSERVATION DIVISION	
MAY 26 1989	
Date Approved	
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.