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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 Texaco Producing Inc.	Well API No. 30-025-30229
Address P.O. Box 730, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Dollarhide Drinkard Unit	Well No. 93	Pool Name, Including Formation Dollarhide Tubb Drinkard	Kind of Lease State, Federal or Fee	Lease No. B-9613
Location Unit Letter <u>G</u> : <u>1535</u> Feet From The <u>North</u> Line and <u>2575</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>24-S</u> Range <u>38-E</u> , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 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? 10-27-89

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X							
Date Spudded 08-11-89	Date Compl. Ready to Prod. 09-17-89		Total Depth 6960'		P.B.T.D. 6890'			
Elevations (DF, RKB, RT, GR, etc.) 3200' KB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6484'		Tubing Depth 6702'			
Perforations 6484-88, 93-95, 6499-6505, 08-11, 17-21, 29-31, 47-49, 76-80, 6598-6601, 07-09, 35-38, 6695-6700, 08-12, 23-24, 28-30, 48-6750'					Depth Casing Shoe 6960'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 54.5#		1228'		1700			
7-7/8" 12-1/4"	5-1/2" 15.5, 17#		6360'		3400			

V. 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 09-13-89	Date of Test 10-27-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 292	Oil - Bbls. 71	Water - Bbls. 221	Gas- MCF 17

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

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 J. A. Head Area Manager
Printed Name J. A. Head Title
Date 11/09/89 (505) 393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 1989

By Paul Kautz Orig. Signed by
Geologist

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.