

Submit 5 Copies
to Appropriate District Office
STRICT I
P.O. Box 1980, Hobbs, NM 88240

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

STRICT III
P.O. Box 100 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. 30-025-30230
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"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Completion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Change in Operator	
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Well Name WEST DOLLARHIDE DRINKARD UNIT		96	DOLLARHIDE TUBB DRINKARD	State	B-9613
Location Unit Letter E : 1480 Feet From The NORTH Line and 150 Feet From The WEST 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				
Is well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 24S	Rge. 38E	Is gas actually connected? YES	When? 6-1-89

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 5-2-89	Date Compl. Ready to Prod. 6-1-89	Total Depth 6900		P.B.T.D. 6875					
Elevations (DF, RKB, RT, GR, etc.) KB 3161-8	Name of Producing Formation DOLLARHIDE TUBB DRINKARD	Top Oil/Gas Pay 6000		Tubing Depth 6850					
Perforations 6006.5' - 6845'; 119 HOLES, 15PF, -37" DIAMETER				Depth Casing Shoe 6898					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1250'	1300 SXS (CIRC)
12 1/4" (1250' - 3800')	5 1/2"	6898'	3220 SXS (CIRC)
7 7/8" (3800' - 6900')			

VII. 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 6-1-89	Date of Test 6-11-89	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 1230/50w/211 GOR	Oil - Bbls. 123	Water - Bbls. 50	Gas - MCF 26

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

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 K.L. Johnson	AREA SUPERINTENDENT
Printed Name JUN 13 1989	Title 394-2585
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved JUN 15 1989	
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.