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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Dep ent

# 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

**I.**

| Operator | Well API No. |
|---|---|
| Texaco ~~Producing~~ Inc (Exploration & Production Inc.) | 30-025-30830 |

Address: P.O. Box 730 Hobbs, New Mexico 88240

Reason(s) for Filing (Check proper box) — Other (Please explain)

New Well [XX] — Change in Transporter of:
Recompletion [ ] — Oil [ ] Dry Gas [ ]
Change in Operator [X] — Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: Texaco Producing Inc.

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| West Dollarhide Drinkard | 108 | Dollarhide Tubb Drinkard | (State) Federal or Fee | B-9613 |

Location: Unit Letter M : 1201 Feet From The S Line and 156 Feet From The W Line

Section 33 Township 24-S Range 38-E, NMPM, Lea County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [X] or Condensate [ ] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Texas New Mexico Pipeline Co. | P. O. Box 2528 Hobbs, NM 88240 |
| **Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]** | **Address (Give address to which approved copy of this form is to be sent)** |
| El Paso Natural Gas Co. | P. O. Box 1492 El Paso, TX 79999 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | M | 33 | 24-S | 38-E | Yes | Unit 1969 Well 5-01-91 |

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 | | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 04-09-91 | 04-22-91 | 6955' | 6920' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| GR-3177' | Drinkard | 6479' | 6885' |
| **Perforations** | | | **Depth Casing Shoe** |
| 6479'-6885' | | | 6955' |

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 14 3/4" | 11 3/4" | 1200' | 1000 sx-circ 300 sx |
| 11" | 8 5/8" | 4000' | 1450 sx-circ 300 sx |
| 7 7/8" | 5 1/2" | 6955' | 1325 sx-circ 229 sx |
| | | | DV tool @ 3691' |

## 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
|---|---|---|---|
| 05-04-91 | 05-18-91 | Pump | |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| 24 Hr. | | | |
| **Actual Prod. During Test** | **Oil - Bbls.** | **Water - Bbls.** | **Gas- MCF** |
| 344 BBLS | 100 | 244 | 110 |

**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.

L.W. Johnson
Signature

L.W. Johnson Engr. Asst.
Printed Name

(505) 393-7191
Title / Telephone No.

5-30-91
Date

## OIL CONSERVATION DIVISION

Date Approved JUN 4 1991

By _____

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.