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

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC	Well API No. 30-025-31972
Address PO 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 W DOLLARHIDE DRINKARD UNIT	Well No. 125	Pool Name, Including Formation DOLLARHIDE TUBB DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-9613
Location Unit Letter <u>N</u> : <u>1150</u> Feet From The <u>SOUTH</u> Line and <u>1400</u> Feet From The <u>WEST</u> Line Section <u>33</u> Township <u>24-S</u> Range <u>38-E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEX NM PIPELINE CO <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 2528, HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas TEXACO EXPLORATION & PRODUCTION INC <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1137, EUNICE, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 24S	Rge. 38E	Is gas actually connected? YES	When? 7/17/93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-11-93	Date Compl. Ready to Prod. 7-17-93		Total Depth 7565'		P.B.T.D. 7500'			
Elevations (DF, RKB, RT, GR, etc.) GR-3169', KB-3182'	Name of Producing Formation Drinkard, Abo		Top Oil/Gas Pay 6498'		Tubing Depth 6374'			
Perforations Drinkard: 6498'-6587', Abo: 6740'-7444'					Depth Casing Shoe 7565'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 11 3/4		DEPTH SET 1175		SACKS CEMENT 700 SX- CIRC 45 SX			
7-7/8	5 1/2		7565		2650 SX- CIRC 213 SX			

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.)

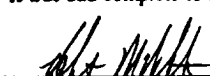
Date First New Oil Run To Tank 7-09-93	Date of Test 7-24-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING 2.5 X 1.75 X 26	
Length of Test 24 HR	Tubing Pressure 150 psi	Casing Pressure 0	Choke Size
Actual Prod. During Test 465	Oil - Bbls. 275	Water - Bbls. 190	Gas - MCF 157

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
R. T. McNaughton
Printed Name
7-29-93
Date
Prod. Engineer
397-0428
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 03 1993

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.