

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 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 EXPLORATION & PRODUCTION INC		Well API No. 30-025-31996
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. 132	Pool Name, Including Formation DOLLARHIDE TUBB DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-9613
Location Unit Letter <u>D</u> : <u>115</u> Feet From The <u>NORTH</u> Line and <u>100</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> , LEA 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 E & P 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 ? 09/01/93

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 08-15-93	Date Compl. Ready to Prod. 09-16-93		Total Depth 7680'		P.B.T.D. 7615'			
Elevations (DF, RKB, RT, GR, etc.) GR-3201', KB-3214'	Name of Producing Formation Drinkard/Abo		Top Oil/Gas Pay 6582'		Tubing Depth 6491'			
Perforations Drinkard/Abo: 6582'-7524'					Depth Casing Shoe 7680'			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8	1215	700 SX- CIRC 84 SX
7-7/8	5 1/2	7680	2500 SX- TOC 2300'TS

### 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 09-06-93	Date of Test 09-21-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING 2.5 X 1.75 X 26	
Length of Test 24 HR	Tubing Pressure	Casing Pressure 0	Choke Size
Actual Prod. During Test 401	Oil - Bbls. 132	Water - Bbls. 269	Gas- MCF 61

### 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 L.W. Johnson Engr Asst  
Printed Name L.W. Johnson Title  
Date 09-29-93 Telephone No. 397-0426

### OIL CONSERVATION DIVISION

Date Approved SEP 30 1993  
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.

RECEIVED

APR 11 1953

COMM. CLERK  
OFFICE