

Submit 5 Copies  
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

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

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>TEXACO EXPLORATION &amp; PRODUCTION INC</b>	Well API No. <b>30-025-32014</b>
Address <b>PO BOX 730, HOBBS NM 88240</b>	
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 <b>W DOLLARHIDE DRINKARD UNIT</b>	Well No. <b>129</b>	Pool Name, Including Formation <b>DOLLARHIDE TUBB DRINKARD</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B-9613</b>
Location				
Unit Letter <b>H</b>	<b>1420</b>	Feet From The <b>NORTH</b> Line and <b>1250</b>	Feet From The <b>EAST</b> Line	
Section <b>32</b>	Township <b>24-S</b>	Range <b>38-E</b>	<b>NMPM</b>	LEA County

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

Name of Authorized Transporter of Oil <b>TEX NM PIPELINE CO</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>PO BOX 2528, HOBBS, NM 88240</b>					
Name of Authorized Transporter of Casinghead Gas <b>TEXACO E &amp; P INC</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>PO BOX 1137, EUNICE, NM 88231</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>32</b>	Twps. <b>24S</b>	Rge. <b>38E</b>	Is gas actually connected? <b>YES</b>	When? <b>08/01/93</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>07-31-93</b>	Date Compl. Ready to Prod. <b>08-30-93</b>		Total Depth <b>7605'</b>		P.B.T.D. <b>6990'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>GR-3191', KB-3204'</b>	Name of Producing Formation <b>Drinkard/Abo</b>		Top Oil/Gas Pay <b>6526'</b>		Tubing Depth <b>6978'</b>			
Perforations <b>Drinkard/Abo: 6526'-6978'</b>					Depth Casing Shoe <b>7605'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11</b>	<b>8 5/8</b>		<b>1212</b>		<b>600 SX- CIRC 100 SX</b>			
<b>7-7/8</b>	<b>5 1/2</b>		<b>7605</b>		<b>2000 SX- CIRC 515 SX</b>			

### 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.)

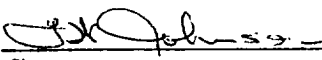
Date First New Oil Run To Tank <b>08-19-93</b>	Date of Test <b>09-07-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING 2.5 X 1.75 X 26</b>	
Length of Test <b>24 HR</b>	Tubing Pressure	Casing Pressure <b>0</b>	Choke Size
Actual Prod. During Test <b>272</b>	Oil - Bbls. <b>98</b>	Water - Bbls. <b>174</b>	Gas- MCF <b>116</b>

### 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 Title  
09-14-93 397-0426  
Date Telephone No.

OIL CONSERVATION DIVISION  
SEP 15 1993

Date Approved \_\_\_\_\_  
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.