

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Ene 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<br>TEXACO EXPLORATION & PRODUCTION INC |                                     | Well API No.<br>30 025 32269  |                                     |
| Address<br>P.O. BOX 730, HOBBS, NM 88240        |                                     |   |                                     |
| New Well  | <input checked="" type="checkbox"/> | Change in Transporter of:   |                                     |
| Recompletion                                    | <input type="checkbox"/>            | Oil   | <input type="checkbox"/> Dry Gas    |
| Change in Operator                              | <input type="checkbox"/>            | Casinghead Gas  | <input type="checkbox"/> Condensate |
|   |                                     | <input type="checkbox"/> Other (Please explain)<br>Note: Langlie Mattix & Jalmat to be downhole commingled<br>RE: Order # R-10033 of 12-10-93 |                                     |

If change of operator give name and address  
of previous operator

II. DESCRIPTION OF WELL AND LEASE

|   |                 |  |  |                        |
|---|-----------------|--|--|------------------------|
| Lease Name<br>Cooper Jal Unit   | Well No.<br>405 | Pool Name, Including Formation<br>Langlie Mattix | Kind of Lease State, Federal or Fee<br>Federal | Lease No.<br>LC-032715 |
| Location<br>Unit Letter <u>N</u> : <u>1055</u> Feet From The <u>S</u> Line and <u>1385</u> Feet From The <u>W</u> Line<br>Section <u>19</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY |                 |  |  |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |   |             |                   |
|---|---|---|-------------|-------------------|
| Name of Authorized Transporter of<br>Shell Pipeline Corp                        | Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 2648, Houston, TX 77252                            |             |                   |
| Name of Authorized Transporter of<br>Texaco E & P Inc / Sid Richardson C & G Co | Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 1137, Eunice, NM 88231 / PO Box 1226, Jal NM 88252 |             |                   |
| If Well Produces oil or liquids,<br>give location of tanks                      | Unit<br>J   | Sec.<br>24  | Twp.<br>24S | Rge.<br>36E       |
|   |   | Is gas actually connected?<br>Yes   |             | When?<br>11/15/93 |

If this production is commingled with that from any other lease or pool, give commingling order number:

R-10033

IV. COMPLETION DATA

|  |   |          |                          |          |                            |           |            |            |
|--|---|----------|--------------------------|----------|----------------------------|-----------|------------|------------|
| Designate Type of Completion - (X)                       | Oil Well<br>X                                 | Gas Well | New Well<br>X            | Workover | Deepen                     | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded<br>10/22/93                                 | Date Compl. Ready to Prod.<br>12/28/93        |          | Total Depth<br>3750'     |          | P.B.T.D<br>3730'           |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>GR-3279', KB-3289' | Name of Producing Formation<br>Langlie Mattix |          | Top Oil/Gas Pay<br>3375' |          | Tubing Depth<br>3606'      |           |            |            |
| Perforations<br>3376'-3632' = Langlie Mattix             |   |          |                          |          | Depth Casing Shoe<br>3750' |           |            |            |
| TUBING, CASING AND CEMENTING RECORD                      |   |          |                          |          |                            |           |            |            |
| HOLE SIZE  | CASING and TUBING SIZE                        |          | DEPTH SET                |          | SACKS CEMENT               |           |            |            |
| 12 1/4   | 8 5/8   |          | 1140'                    |          | 600 sx, circ 10 sx         |           |            |            |
| 7 7/8  | 5 1/2   |          | 3750'                    |          | 925 sx, circ 99 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 a full 24 hours.)

|  |                          |   |                |
|--|--------------------------|---|----------------|
| Date First New Oil Run To Tank<br>11/18/93 | Date of Test<br>11-27-93 | Producing Method (Flow, pump, gas lift, etc.)<br>Pump |                |
| Length of Test<br>24 hr                    | Tubing Pressure          | Casing Pressure                                       | Choke Size     |
| Actual Prod. During Test                   | Oil - Bbls.<br>1         | Water - Bbls.<br>0                                    | Gas - MCF<br>7 |

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.



Signature  
Larry W. Johnson Engr Asst

Printed Name  
1/26/94 Title  
397-0426

Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 1994

By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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 IV for changes in 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.