STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Texaco Producing Inc.

Address
P.O. Box 728 Hobbs, NM 88240 (505-394-2585)

Reason(s) for filing (Check proper box)

- [ ] New Well
- [x] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cooper Jal Unit	125	Jalmat Yates 7R	State, Federal or Fee Fee	

Location

Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West

Line of Section 24 Township 24S Range 36E , NMPM, Lea County

II. 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)
Shell Pipe Line Company	Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	24	24S	36E	Yes	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: R-5590 DHC

NOTE: *Complete Parts IV and V on reverse side if necessary.*

I. 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 is true and complete to the best of my knowledge and belief.

K L Johnson
(Signature)
AREA SUPERINTENDENT
JUL 14 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1987, 19

BY ~~ORIGINAL SIGNED BY JERRY SEXTON~~

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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				X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1954	6/10/87	3655'	3655'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3322 DF	Yates & Seven Rivers	3040'	3365'
Perforations	OK KB		**Depth Casing Shoe**
3035' - 3360'			3655'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	1164	375
7 7/8" & 6 3/4"	5 1/2"	3655	680
	2 3/8"	3365'	—

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil used must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	6/26/87	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hours	—	—	—
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	35.7	86.8	19.0

NOTE: Jalmat & Langlie Mattix are DHC'd. Test given above is Jalmat 70% split.

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**