

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operation**
Texaco Producing Inc.
Address
P.O. Box 728 Hobbs, NM. 88240 (505-394-2585)
Reason(s) for filing (Check proper box)
☐ New Well
☒ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cooper Tal Unit</u>	Well No. <u>126</u>	Pool Name, Including Formation <u>Talmat Tazill Yates Seven Rivers</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310'</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>24S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Shell Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2648, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>24</u> Twp. <u>24S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>2/10/87</u>

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

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

VI. 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
Area Supt.
(Title)
2-20-87
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 24 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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	DUL Res'v.
		X					X		X
Core Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
4/26/54	2/9/87	3560'		3390'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3320' DF	Yates	3022'		3291'					
Perforations				Depth Casing Shoe					
3022' to 3234'		60 Holes OK		3470'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8 5/8"		280'		125				
7 7/8"	5 1/2"		3470'		300				
	2 7/8" +bg.		3291'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/10/87		2/18/87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	—	—	—	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	93	390	143	

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
 FEB 23 1987
 OGD
 HOBBS OFFICE