

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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DATE	
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REPORTER	OIL
REPORTER	GAS
REPORTER	
REPORTER	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME: Texaco Producing Inc.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cooper Jal Unit</u>	Well No. <u>140</u>	Pool Name, including Formation <u>Jalmat Tansill Yates 7 R. & Longlie Matrix 7A G (DHE)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>25</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <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 Sec. Twp. Rge. Is gas actually connected? When
	<u>J</u> <u>24</u> <u>24S</u> <u>36E</u> <u>Yes</u> <u>Unknown</u>

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

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
(Signature)
AREA SUPERINTENDENT
(Title)
4-14-87
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 20 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X				X		X	X
Date Spudded 1954	Date Compl. Ready to Prod. 4/3/1987	Total Depth 3615'			P.B.T.D. 3615'				
Elevations (DF, RKB, RT, GR, etc.) 3296 DF	Name of Producing Formation Yates, Seven Rivers & Queen	Top Oil/Gas Pay 2989' / 3420'			Tubing Depth 3461' N				
Perforations 2989' - 3269'						Depth Casing Shoe 3420'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NA	8 5/8" 24 #	286'	150
NA	5 1/2" 14 #	3420'	300

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 4/3/1987	Date of Test 4/8/87	Producing Method (Flow, pump, gas lift, etc.) Pump (Jalmat & Langlie Mattix commingled)	
Length of Test 24 hours	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test	Oil - Bbls. 110	Water - Bbls. 212	Gas - MCF 74

GAS WELL

Split : Jalmat 73% Langlie Mattix 27% R-5590

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

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