

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | | |
|---|--|------------------------------|
| Operator TEXACO EXPLORATION & PRODUCTION INC | | Well API No. 30 025 32218 |
| Address P.O. BOX 730, HOBBS, NM 88240 | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Note: Langlie Mattix & Jalmat to be downhole commingled RE: NMOC Order # R-10033 (12-10-93) | |
| Recompletion <input type="checkbox"/> | | |
| Change in Operator <input type="checkbox"/> | | |

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--|-----------|
| Lease Name Cooper Jal Unit | Well No. 404 | Pool Name, Including Formation Langlie Mattix 7 RQ Grayburg | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter <u>B</u> : <u>510</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</u> Line 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 Shell Pipeline Co | Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) PO Box 2648, Houston, TX 77252 | | |
| Name of Authorized Transporter of 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) PO Box 1137, Eunice NM 88231 / PO Box 1226, Jal NM 88252 | | |
| If Well Produces oil or liquids, give location of tanks | Unit J | Sec. 24 | Twp. 24S | Rge. 36E |
| Is gas actually connected? Yes | | When? 11/13/93 | | |

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 X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 10/16/93 | Date Compl. Ready to Prod. 1/22/94 | | Total Depth 3750 | | P.B.T.D. 3692 | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR-3314, KB-3324 | Name of Producing Formation Langlie Mattix | | Top Oil/Gas Pay 3423 | | Tubing Depth 3600 | | | |
| Perforations 3423-3855 | | | | | Depth Casing Shoe 3750 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING and TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4 | 8 5/8 | | 1180 | | 600, circ 32 | | | |
| 7 7/8 | 5 1/2 | | 3750 | | 925, circ 35 | | | |
| | | | | | | | | |
| | | | | | | | | |

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.)

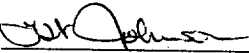
| | | | |
|--|--------------------------|---|-----------------|
| Date First New Oil Run To Tank 11/13/93 | Date of Test 11/13/93 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 21 hr | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 4 | Water - Bbls. 190 | Gas - MCF 50 |

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
1/29/94 Title
397-0426

Date
Telephone No.

OIL CONSERVATION DIVISION

FEB 14 1994

Date Approved

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.