

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.		Well API No. 30-039-05725
Address 3300 N. Butler, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "B"	Well No. 2	Pool Name, Including Formation BLANCO PC	Kind of Lease State, Federal or Fee	Lease No. CONTRACT #68
Location Unit Letter I : 1590 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 31 Township 25N Range 5W , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO INC.	3300 N. BUTLER, FARMINGTON, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					YES	

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

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
Date Spudded 4-3-57	Date Compl. Ready to Prod. 11-28-90		Total Depth 7252'		P.B.T.D. 6221'			
Elevations (DF, RKB, RT, GR, etc.) 6715'-GR, 6725'-DF	Name of Producing Formation PICTURED CLIFFS		Top Oil/Gas Pay 2606' 2617'		Tubing Depth 2644'			
Perforations 2617'-24', 2627'-30', 2671'-80'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15-0"	10-3/4"		330'		300 SKS CMT CIRC.			
8-3/4"	5-1/2"		6365'		550 SKS 350			
	1-0"		2644'					
	2-3/8"		6013'					

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 for full 24 hours.)			
Date First New Oil Run To Tank ---	Date of Test ---	Producing Method (Flow, pump, gas lift, etc.) ---	
Length of Test ---	Tubing Pressure	Casing Pressure ---	Choke ---
Actual Prod. During Test ---	Oil - Bbls. ---	Water - Bbls. ---	Gas - MCF ---

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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 422	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) BACK PRESS.	Tubing Pressure (Shut-in) 671	Casing Pressure (Shut-in) 671	Choke Size 1/2"

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  
Ted A. Tipton Area Manager  
Printed Name  
5-7-91 Title  
(505) 325-4397  
Date  
Telephone No.

OIL CONSERVATION DIVISION

MAY 21 1991

Date Approved

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 3

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 VI for changes of 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.

