

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE
TO TRANSPORT OIL

AND AUTHORIZATION
TO TRANSPORT NATURAL GAS

Operator Texaco Exploration & Production	Well API No. 30-039-21295
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91 <i>Transporter Change only</i>	
If change of operator give name and address of previous operator Texaco Inc. 3300 N. Butler Farmington, NM 87401	

II. DESCRIPTION OF WELL AND LEASE

Lease Name C W ROBERTS	Well No. 5	Pool Name, Including Formation LINDRITH GALLUP-DAKOTA, WEST	Kind of Lease State, Federal or Fee	Lease No. 625530
Location Unit Letter F : 1850 Feet From The NORTH Line and 1650 Feet From The WEST Line Section 17 Township 25N Range 3W , NMPM, RIO ARRIBA 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"/> MERIDIAN OIL, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4289 FARMINGTON, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO EXPLORATION AND PRODUCTION INC.	Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER, FARMINGTON, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 18	Twp. 25N	Rge. 3W	Is gas actually connected? YES	When? 05/23/78

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED
AUG 1 1991

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

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
Ted A. Tipton Area Manager
Printed Name 7/29/91 Title (505) 325-4397
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 1 1991**

By James J. Chang
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.