

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 AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Inc.	Well API No. 30045238010001
Address 3300 N. Butler, Farmington, NM 87401	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Changed Pool Name from WAW Fruitland PC Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> to WAW Fruitland Sand -PC. <i>Pool Change only</i>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fusselman Federal	Well No. 2R	Pool Name, Including Formation WAW Fruitland Sand <i>pc</i>	Kind of Lease State, Federal or Fee Fed	Lease No. 0560222
Location Unit Letter <u>E</u> : <u>1520</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>26N</u> Range <u>12W</u> , <u>NMPM</u> , San Juan 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 990, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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
		XX					XX	
Date Spudded <u>1-08-80</u>	Date Compl. Ready to Prod. <u>8-15-80</u>		Total Depth <u>1235'</u>		P.B.T.D. <u>1195'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5932' GR</u>	Name of Producing Formation <u>Picture Cliffs</u>		Top Oil/Gas Pay <u>1088'</u>		Tubing Depth <u>1103'</u>			
Perforations <u>1088'-1093'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>8-3/4"</u>	<u>5-1/2"</u>		<u>103'</u>		<u>35 sks</u>			
<u>4-3/4"</u>	<u>2-7/8"</u>		<u>1226'</u>		<u>150 sks</u>			
	<u>1-1/2"</u>		<u>1103"</u>					

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	RECEIVED	Choke Size
Actual Prod. During Test --	Oil - Bbls.	<u>WATER - Bbls.</u> <u>JUL 27 1990</u>	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate MCF	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.

Alan A. Kleier
Signature
Alan A. Kleier Area Manager
Printed Name
7-27-90 (505) 325-4397
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 27 1990
By *Barry Chang*
SUPERVISOR DISTRICT 13
Title

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.