

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 Exploration and Production Inc.	Well API No. 30 045 23116
Address 3300 North Butler Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: EFFECTIVE 6-1-91 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Texaco Exploration Inc. 3300 North Butler Farmington, New Mexico 87401	

II. DESCRIPTION OF WELL AND LEASE

Lease Name B M HOUCK	Well No. 1	Pool Name, Including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 334600
Location Unit Letter B : 1050 Feet From The NORTH Line and 1840 Feet From The EAST Line Section 13 Township 29N Range 11W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> MERIDIAN OILCO	Address (Give address to which approved copy of this form is to be sent) PO Box 4289 FARMINGTON NM					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When ? UNKNOWN

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 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.

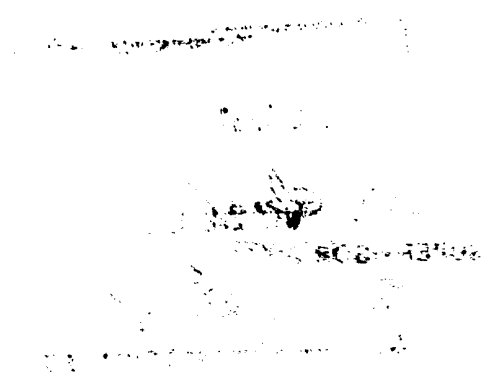
K. M. Miller  
Signature K. M. Miller Div. Ops. Engr.  
Printed Name Title  
April 25, 1991 915-688-4834  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 22 1991  
By [Signature]  
Title SUPERVISOR DISTRICT 13

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.





**LTR**



**Job separation sheet**



J

11/11/11

## NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator TEXACO E & P INC. Lease B.M.HOUCK Well No. 1Location of Well: Unit B Sec. 13 Twp. 29N Rge. 11W County SAN JUAN

	NAME OF RESERVOIR OR POOL	TY. & OF PROD. (OIL OR GAS)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	OTERO CHACRA	GAS	FLOW	TBG.
Lower Completion	BLANCO MESAVERDE	GAS	FLOW	TBG.

## PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, Date shut-in	Length of time shut-in	Si press. psig	Stabilized (Yes or No)
Lower Completion	Hour, Date shut-in	Length of time shut-in	Si press. psig	Stabilized (Yes or No)

## FLOW TEST NO. 1

Commenced at (hour, date)*				Zone producing (Upper or Lower)	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower completion		
6-12-95	0 HRS.				
6-13-95	24 HRS.	185	306		'BOTH ZONES SHUTIN
6-14-95	48 HRS.	229	432		
6-15-95	72 HRS.	236	443		
6-16-95	96 HRS.	240	454		
6-17-95	120 HRS.	247	459		
6-18-95	144 HRS.	303	463		
6-19-95	168 HRS.	310	465		
6-20-95	192 HRS.	315	368		UPPER SHUTIN; LOWER FLOW 24 HRS.
6-21-95	216 HRS.	315	318		UPPER SHUTIN; LOWER FLOW 24 HRS.

Production rate during test

Oil \_\_\_\_\_ BOPD based on \_\_\_\_\_ Bbls. in \_\_\_\_\_ Hours \_\_\_\_\_ Grav. \_\_\_\_\_ GOR \_\_\_\_\_

Gas \_\_\_\_\_ MCFPD; Tested thru (Orifice or Meter): \_\_\_\_\_

## MID-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, Date shut-in	Length of time shut-in	Si press. psig	Stabilized (Yes or No)
Lower Completion	Hour, Date shut-in	Length of time shut-in	Si press. psig	Stabilized (Yes or No)

RECEIVED  
AUG - 4 1995  
OIL CON. DIV.  
DIST. 3

## NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

## FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lower)	
TIME (hour, date)	LAPSED TIME SINCE**	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper completion	Lower completion		

Production rate during test

Oil \_\_\_\_\_ BOPD based on \_\_\_\_\_ Bbls. in \_\_\_\_\_ Hours \_\_\_\_\_ Grav. \_\_\_\_\_ GOR \_\_\_\_\_

Gas \_\_\_\_\_ MCFPD; Tested thru (Orifice or Meter): \_\_\_\_\_

Remarks: THIS TEST WAS CONDUCTED IN CONJUNCTION WITH A EPNG PLANT SHUT DOWN.

I hereby certify that the information is true and complete to the best of my knowledge.

Approved August 7 1995  
New Mexico Oil Conservation DivisionBy Johnny Robinson  
Title Deputy O. & Gas Inspector

Operator TEXACO E &amp; P INC.

By Paul D BerhoetTitle ENGINEER ASSISTANTDate 7-31-95