

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

Operator Texaco Exploration & Production Inc.		Well API No. 30-045-24396
Address 3300 N. Butler, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>
If change of operator give name and address of previous operator		RECEIVED FEB 19 1993 OIL CON. DIV.

II. DESCRIPTION OF WELL AND LEASE

DIST. 3

Lease Name KEYS COM	Well No. #1E	Pool Name, Including Formation ARMENTA GALLUP	Kind of Lease State, Federal <input checked="" type="radio"/> Fee	Lease No. E6516
Location Unit Letter F : 1750 Feet From The NORTH Line and 1770 Feet From The WEST Line Section 32 Township 29N Range 10W , NMPM, San Juan 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) 3535 E. 30th Farmington NM 87402	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	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 F Sec. 32 Twp. 29N Rge. 10W	Is gas actually connected? YES When? 1981

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 <input checked="" type="checkbox"/>	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 8-13-80	Date Compl. Ready to Prod. 12-19-92		Total Depth 6520'		P.B.T.D. 6480'			
Elevations (DF, RKB, RT, GR, etc.) 5706' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5475'		Tubing Depth 6382'			
Perforations 5475'-5500', 5690'-5720' 4jspf					Depth Casing Shoe 6520'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		582'		405 SX			
7-7/8"	4-1/2"		6520'		950 SX			
DV Tool			3386'		1040 SX			

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 8-25-92 12-19-92	Date of Test 10-9-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr	Tubing Pressure 190 psi	Casing Pressure 645 psi	Choke Size 3/8"
Actual Prod. During Test 6.5 bbl	Oil - Bbls. 6.5 bbl	Water - Bbls. 121 bbl	Gas - MCF 220 mcf

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
			RECEIVED FEB 11 1993

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 **2-9-93** Title **(505) 325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 16 1993** DIST. 3
By Original Signed by **CHARLES GRIOLSON**
Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.
- INMOGCD (5)

RSD