

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. 30-045-28169
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 H.J. Loe Federal B	Well No. 5	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM014378
Location Unit Letter M : 1175 Feet From The South Line and 1095 Feet From The West Line Section 23 Township 29N Range 12W , 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 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)					
El Paso Natural Gas Co.	P.O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw.	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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 11-15-90	Date Compl. Ready to Prod. 12-21-90		Total Depth 1610'		P.B.T.D. 1600'			
Elevations (DF, RKB, RT, GR, etc.) GR-5496', KB-5507'	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay ₇₇ / 1337'		Tubing Depth 1496'			
Perforations 1371-74', 1460-66', 1470-74', 1499'-1505', 1510-14'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11-0"	8-5/8"		370'		260 sx, circ 151			
7-7/8"	5-1/2"		1610'		340 sx, circ 26			
---	2-3/8"		1496'		---			

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

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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 568	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 43 psi	Casing Pressure (Shut-in) 145 psi	Choke Size 1.25"

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.

John A. Tipton
Signature
John A. Tipton Area Manager
Printed Name
1-20-92 (505) 325-4397
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 22 1992**
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.

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U.S. AIR FORCE
OFFICE OF THE
JOINT CHIEFS OF STAFF
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