

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production Inc.		Well API No. 30-045-95230
Address 3300 N. Butler, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 Wayne Moore Com	Well No. 1	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. E-1195
Location				
Unit Letter N	: 790'	Feet From The South Line and 1760'	Feet From The West Line	
Section 16	Township 31N	Range 9W	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 Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499-4289	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco E. & P. 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 N	Sec. 16
	Twp. 31N	Rge. 9W
	Is gas actually connected? Yes	When? 1959

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
		X		X				X
Date Spudded 11-18-53	Date Compl. Ready to Prod. 12-02-92		Total Depth 5771' 5995'		P.B.T.D. 5771'			
Elevations (DF, RKB, RT, GR, etc.) 6473' 6461'	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3232'		Tubing Depth 3402'			
Perforations 3334'-3340', 3360'-3370'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8"	10-3/4"		204'		150 sks			
9-0"	7-0"		5005'		225 215 sks			
7-0"	4-1/2"		5771'		360 sks			
2-3/8"(PC) & 1-1/4"(MV)			3402'(PC) & 5628'(MV)					

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 FEB 1 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV

GAS WELL

Actual Prod. Test - MCF/D 58 400	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0.25	Gravity of Condensate 55
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 95#	Casing Pressure (Shut-in) 115#	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** Area Manager
Printed Name **2-11-93** Title **(505)325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 17 1993**

By **Supervisor**
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.
- NMOGCD (5)