

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator TEXACO Inc.		
Address P. O. Box 728, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (If none apply)	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8/1/83</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW IF YOU DO NOT CONCUR

DESCRIPTION OF WELL AND LEASE

Lease Name Lee Carter	Well No. 1	Pool Name, Including Formation Knowles Drinkard West	Kind of Lease State, Federal or <u>Fed</u>	Lease No.
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 33 Township 16-S Range 37-E , NMPL, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 33
	Twp. 16-S	Rge. 37-E
	Is gas actually connected? NO When -	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
	X			X		X		X
Date Spudded 10-21-83	Date Compl. Ready to Prod. 6-5-83		Total Depth 11,515		P.B.T.D. 8569'			
Elevation (DF, RKB, RT, GR, etc.) 3778' (DF)	Name of Producing Formation Drinkard		Top Oil/Gas Pay 7780'		Tubing Depth			
Perforations 7782'--7937'					Depth Casing Shoe 7747'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	377'	550
11"	8 5/8"	4800	2650
7 7/8"	5 1/2"	11,515'	2400

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)

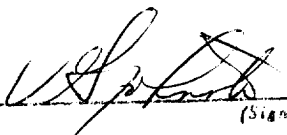
Date First New Oil Run To Tanks 5-27-83	Date of Test 6-5-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 71	Water-Bbls. 25	Gas-MCF 69

GAS WELL

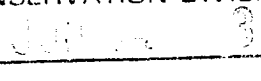
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
Asst. Dist. Mgr.
(Title)
6-21-83
(Date)

OIL CONSERVATION DIVISION

APPROVED  , 19 **83**
BY **ORIGINAL SIGNED BY JERRY SECKOM**
TITLE **DISTRICT SUPERVISOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for change of owner,
well name or number, or transporter or other such change of condition.Separate Forms C-104 must be filed for each pool in multiple
completed wells.