

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| 1. OPERATOR | |
| Operator TEXACO Inc. | |
| Address P. O. Box 728, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | |
| 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 Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|--|-------------------|
| Lease Name New Mexico 'Q' State | Well No. 10 | Pool Name, including Formation Vacuum Glorieta | Kind of Lease State, Federal or Fee | Lease B-1056-1 |
| Location Unit Letter <u>0</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>2308</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, Lea 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"/> Texas-New Mexico Pipe Line Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 728, Hobbs, New Mexico 88240 | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 25 |
| | Twp. 17-S | Rge. 34E |
| | Is gas actually connected? <u>Yes</u> When <u>10-24-82</u> | |

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-17

V. COMPLETION DATA

| | | | | | | | | | |
|---|---|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|--------------------------------|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res't. <input type="checkbox"/> | Diff. <input type="checkbox"/> |
| Date Spudded 8-21-82 | Date Compl. Ready to Prod. 10-23-82 | Total Depth 6100' | | P.B.T.D. 6070' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3997 (GR) | Name of Producing Formation Glorieta | Top Oil/Gas Pay 5924' | | Tubing Depth 6006' | | | | | |
| Perforations 1-JSPF From 5924'-5950', 5970'-5980', & 6020'-6054' | | Depth Casing Shoe 6100' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | | |
| 14 3/4" | 11 3/4" | 1520' | | 2150 | | | | | |
| 11" | 8 5/8" | 4850' | | 1900 | | | | | |
| 7 7/8" | 5 1/2" | 6100' | | 875 | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top
OIL WELL able for this depth or be for full 24 hours)


| | | | |
|--|--------------------------|---|-----------------|
| Date First New Oil Run To Tanks 10-6-82 | Date of Test 10-24-82 | Producing Method (Flow, pump, gas lift, etc.) PUMPING-1 1/2" Beam Pump | |
| Length of Test 24 Hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test - | Oil-Bbls. 34 | Water-Bbls. 235 | Gas-MCF 38 |

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. 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.


Asst. Dist. Mgr.
(Signature)
10-29-82
(Date)

OIL CONSERVATION DIVISION
APPROVED NOV 5 1982, 19____
BY ORIGINAL SIGNED BY
JERRY SEXTON
TITLE DISTRICT 1 SUPR.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.