

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Texaco Producing Inc	Well API No. 3002510040
Address P.O. Box 730 Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
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 gives name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. A. Sticher	Well No. 3	Pool Name, including Formation Brazosmarr Drinkard	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>K⁺</u> : 1830 Feet From The <u>South</u> Line and 1830 Feet From The <u>West</u> Line Section <u>4</u> Township <u>22S</u> Range <u>37E</u> , <u>NMPM</u> , <u>Lea</u> 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) 16825 Northchase Blvd Ste 600, Houston, TX 7706
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? K 4 22S 37E Yes 1946

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 09-07-46	Date Compl. Ready to Prod. 12-30-47		Total Depth 8030'		P.B.T.D. 6450'			
Elevations (DF, RKB, RT, GR, etc.) 3447' KB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6355'		Tubing Depth 6294'			
Perforations <u>6355-6445</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15-1/2"	13-3/8"		153'		150 sx			
11"	9-5/8"		2860'		1400 sx			
8-1/4"	7"		8030'		550 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 ton allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 06-10-90	Date of Test 06-10-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 26	Oil - Bbls. 10	Water - Bbls. 16	Gas- MCF 444

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. 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.

J.L. Johnson
 Signature
 L.W. Johnson Engr. Asst.
 Printed Name
 06-15-90 Date (505) 393-7191 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 18 1990

By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

Title _____

- 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.

RECEIVED

JUN 18 1990

OCD
HOBBS OFFICE