

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.R.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico 'AT' State	Well No. 8	Pool Name, Including Formation Saunders Permo Upper Penn	Kind of Lease State, Federal or Fee	Lease No. B 4565
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line of Section 15 Township 14 S Range 33 E , 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 Company	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"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1579, Tulsa, Okla 74102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 10
	Twp. 14 S	Rge. 33-E
	Is gas actually connected?	When
	Yes	11-1-82

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-40

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
Date Spudded 9-24-82	Date Compl. Ready to Prod. 11-1-82		Total Depth 10,100'		P.B.T.D. 10,082'			
Elevations (DF, RKB, RT, GR, etc.) 4214' (GR)	Name of Producing Formation Penn		Top Oil/Gas Pay		Tubing Depth 9770'			
Perforations 9813'-9983'					Depth Casing Shoe 10,100			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		480'		700			
12 1/4"	8 5/8"		4190'		1500			
7 7/8"	5 1/2"		10,100'		2850			

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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-1-82	Date of Test 11-9-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 190#	Casing Pressure	Choke Size 32/64"
Actual Prod. During Test	Oil-Bbls. 375	Water-Bbls. 128	Gas-MCF 570

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.

11-10-82

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 15 1982

BY Edwin W. [Signature]

TITLE OIL & GAS INSPECTOR

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 device
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 Form C-104 must be filed for each pool in multi-
completed wells.

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NOV 12 1982

C.C.O.
HONORS OFFICE