

**OIL CONSERVATION DIVISION**

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

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

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

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

**I.**

Operator Texaco Producing Inc.	Well API No. 30-025-05962
Address P. O. Box 730 Hobbs, NM 88240	
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 J. R. Phillips	Well No. 9	Pool Name, Including Formation Eumont Yates 7 Rivers Queen	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1931</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>20S</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 type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texaco Producing Inc.	P. O. Box 1137 Eunice, NM 88231	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge. <u>C</u>   <u>6</u>   <u>20S</u>   <u>37E</u>	Is gas actually connected?   When? Yes   8-31-90

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 October, 1952	Date Compl. Ready to Prod. 6-28-90	Total Depth 5730		P.B.T.D. 5015				
Elevations (DF, RKB, RT, GR, etc.) 3564 GR	Name of Producing Formation Eumont Yates 7 Rv Qn	Top Oil/Gas Pay 3194		Tubing Depth 3152		Depth Casing Shoe 5729		
Performations 3194, 98, 3206, 10, 14, 17, 21, 31, 36, 40, 44-47, 51-53, 59, 67, 69, 72, 76, 78, 87, 95, 3300-02, 08, 11, 12, 23, 28, 34, 43, 51, 56, 58, 66-68, 85, 3389								
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		323		325			
11	8-5/8"		2824		1200			
7-7/8"	5-1/2"		5729		750			

**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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D 1615	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) completed and producing with rod pump	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.

L. D. Ridenour  
Signature  
L. D. Ridenour Engineer's Assistant  
Printed Name  
9-4-90 393-7191  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By \_\_\_\_\_ 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

SEP 10 1990

600  
FISHERS OFFICE