

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30-025-32173
Address P.O. BOX 730, HOBBS, NM 88240		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion <input 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 B.F. HARRISON 'B'	Well No. 14	Pool Name, Including Formation SW TEAGUE, GLORIETA/UP.PADDOCK	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1800</u> Feet From The <u>NORT</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>9</u> Township <u>23-SO</u> Range <u>37-EA</u> NMPM <u>LEA COUNTY</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Texas NM Pipeline Co.	Oil <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Texaco E & P Inc	Casinghead Gas <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1137, Eunice, NM 88231	
If Well Produces oil or liquids, give location of tanks	Unit C	Sec. 9	Twp. 23S	Rge. 37E
Is gas actually connected?			When? 12/1/94	

If this production is commingled with that from any other lease or pool, give commingling order number: PC-789

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 Res'v
Date Spudded 10/9/93	Date Compl. Ready to Prod. 12/28/93		Total Depth 5450'		P.B.T.D 5340'			
Elevations (DF, RKB, RT, GR, etc.) GR-3314', KB-3328'	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations 5098-5104; 2 JSPF, 12 HOLES. 5133-5155; 2 JSPF, 1					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING and TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1180'	CL-C 650 SX CIRC. 75
7 7/8	5 1/2	5450'	CL-H 1325 SX, TOC @

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 a full 24 hours.)


Date First New Oil Run To Tank 12-1-93	Date of Test 01-09-94	Producing Method (Flow, pump, gas lift, etc.) PUMPING - 2.5 X 1.75 X 20	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 75	Water - Bbls. 43	Gas - MCF 134

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 29.40
Testing Method (pitot, 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.

	
Signature Larry W. Johnson	Engr Asst
Printed Name 1/20/94	Title 397-0426
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved Jan 19 1994

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 IV for changes in 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.

SAD