

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

I.

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 32223
Address P.O. BOX 730, HOBBS, NM 88240		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input checked="" 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"/>
Request test allowable to evaluate zone 44D2 bbs March 1994		

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name G.W. Sims	Well No. 1	Pool Name, Including Formation Wildcat Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B : 510 Feet From The N Line and 2230 Feet From The E Line Section 9 Township 23S Range 37E NMPM Lea COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Texaco Trading & Transportation	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 60628, Midland, TX 79711-0628		
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 3000, Tulsa, OK 74102		
If Well Produces oil or liquids, give location of tanks	Unit B	Sec. 9	Twp. 23S	Rge. 37E
Is gas actually connected? Yes		When? 3/4/94		

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 12/19/93	Date Compl. Ready to Prod. 3/4/94		Total Depth 7750		P.B.T.D. 7435			
Elevations (DF, RKB, RT, GR, etc.) GR-3310, KB-3324	Name of Producing Formation Abo		Top Oil/Gas Pay 6821		Tubing Depth			
Perforations 6821-6995					Depth Casing Shoe 7750			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	11 3/4		1180		750, circ 240			
11	8 5/8		3750		1775, circ 664			
7 7/8	5 1/2		7750		1800, circ 320			
					DV Tool @ 6946'			

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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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		Engineering Assistant
Printed Name 3/3/94	Title 397-0426	
Date	Telephone No.	

OIL CONSERVATION DIVISION

MAR 04 1994

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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 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.