

**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 <b>TEXACO EXPLORATION &amp; PRODUCTION INC.</b>		Well API No. <b>30-025-32262</b>
Address <b>P.O. BOX 730, HOBBS, NM 88240</b>		
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 OIL ALLOWABLE FOR JANUARY 1994  
(UNIT ALLOWABLE) *2996 February*

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>VACUUM GLORIETA WEST UNIT</b>	Well No. <b>15</b>	Pool Name, Including Formation <b>VACUUM GLORIETA</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B-1520-1</b>
Location Unit Letter <u>A</u> : <u>807</u> Feet From The <u>NORTH</u> Line and <u>971</u> Feet From The <u>EAST</u> Line Section <u>25</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA COUNTY</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 900 DALLAS, TEXAS 75221</b>			
Name of Authorized Transporter of 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) <b>4044 PENBROOK AVENUE ODESSA, TEXAS 79762</b>			
If Well Produces oil or liquids, give location of tanks	Unit <b>C</b>	Sec. <b>25</b>	Twp. <b>17S</b>	Rge. <b>34E</b>
Is gas actually connected?			When?	
YES			1/17/94	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations <b>6063' - 6138' (VACUUM GLORIETA)</b>	TUBING, CASING AND CEMENTING RECORD			Depth Casing Shoe				
HOLE SIZE	CASING and TUBING SIZE	DEPTH SET		SACKS CEMENT				

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.

*Monte C. Duncan*

Signature  
**Monte C. Duncan**

Printed Name  
**1/27/94**

Date  
**Engr Asst**

Title  
**397-0418**

Telephone No.

OIL CONSERVATION DIVISION

FEB 01 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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only sections I, II, III, and IV for changes in operator, well name or number, transporter, or other such changes
- Separate Form C-104 must be filed for each pool in multiply completed wells.