

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.O.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICER	

Operator
TEXACO Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Approval to flare casinghead gas from
 Recompletion Oil Dry Gas this well must be obtained from the
 Change in Ownership Casinghead Gas Condensate Minerals Management Service.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE **R-7372 11-1-83**

Lease Name C.W. Shepherd Fed. B	Well No. 7	Pool Name, Including Formation Langlie Mattix (Seven River Queen-Grayburg)	Type of Lease State, Federal or Fee	Lease No. IC-030177(b)
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Location
 Unit Letter **B** ; **660** Feet From The **North** Line and **1980** Feet From The **East**
 Line of Section **5** Township **26-S** Range **37-E** , NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **B** Sec. **5** Twp. **26-S** Rge. **37-E** Is gas actually connected? **NO** When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-13-83	Date Compl. Ready to Prod. 7-20-83	Total Depth 3607'	P.B.T.D. 3573'					
Elevations (DF, RNB, RT, GR, etc.) 2977'	Name of Producing Formation Queen-Grayburg OK JK	Top Oil/Gas Pay 2972'	Tubing Depth 3267'					
Perforations 3277'-3349			Depth Casing Shoe 3607'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# J-55	1000'	750 SX.
7 7/8"	5 1/2" 15.5# K-55	3607'	1025 SX.

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 Tanks 7-20-83	Date of Test 7-21-83	Producing Method (Flow, pump, gas lift, etc.) Pumping 1 1/2" Pump
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 66
		Choke Size TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Jerry Sexton
 Asst. Dist. Mgr. (Signature)
8-10-83 (Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 16 1983** 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
 DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.

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AUG 12 1988
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