

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Texaco Producing Inc.

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

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

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Myers Langlie Mattix Unit	254	Langlie Mattix 7-Rivers Queen	State, Federal or Fee Federal	LC-060825

Location
Unit Letter L ; 2439 Feet From The South Line and 200 Feet From The West
Line of Section 29 Township 23S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co. (0055-2174)	P.O. Box 2528, Hobbs, New Mexico, 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, Texas, 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>5</u> Twp. <u>24S</u> Rge. <u>37E</u>	Yes <u>04-09-86</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

B. D. Aldridge
(Signature)
District Administrative Supervisor
(Title)
April 21, 1986
(Date)

OIL CONSERVATION DIVISION
JUL 7 1986

APPROVED _____, 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 condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X		X					
Date Spudded 03-25-86	Date Compl. Ready to Prod. 04-07-86		Total Depth 3750'			P.B.T.D. 3748'			
Elevations (DF, RKB, RT, GR, etc.) 3313' GR	Name of Producing Formation Seven Rivers Queen		Top Oil/Gas Pay 3356'			Tubing Depth 3748'			
Perforations 3356,60,3513,20,43,51,55,59,66,86,95,3602,08,14,20,28,33,37,40, 44,55,64,68,73,78,88,91,97,3706,20,27 (31 holes)						Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		1066'		1080			
7 7/8"		5 1/2"		3750'		1150			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 04-09-86	Date of Test 04-16-86	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -	
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 41	Gas - MCF 45	

GAS WELL

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

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