

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Artec, 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. 30-039-25249
Address 3300 N. Butler, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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		

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APR 28 1993

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.L. McCONNELL	Well No. #14	Pool Name, Including Formation WEST LINDRITH GALLUP DAKOTA	Kind of Lease State (Federal) or Etc	Lease No. SF 079602
Location				
Unit Letter D	855'	Feet From The NORTH Line and 790'	Feet From The WEST Line	
Section 29	Township 25N	Range 3W	NMPM,	RIO ARRIBA 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"/> MERIDIAN OIL, INC.	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th, FARMINGTON NM
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO E & P INC.	Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER, FARMINGTON NM
If well produces oil or liquids, give location of tanks.	Unit D Sec. 29 Twp. 25N Rge. 03W
Is gas actually connected?	When? 4-21-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-26-92	Date Compl. Ready to Prod. 04-08-93	Total Depth 8350'	P.B.T.D. 8343'					
Elevations (TV, RKB, RT, GR, etc.) GR-7382', KB-7394'	Name of Producing Formation GALLUP/DAKOTA	Top Oil/Gas Pay 7112'	Tubing Depth 8212'					
Perforations 7112'-7436' / 8008'-8190'			Depth Casing Shoe 8350'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2" 2-7/8"		DEPTH SET 463' 8350' 8212'		SACKS CEMENT 400 SX 1250 SX			

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 for full 24 hours.)

Date First New Oil Run To Tank 4-08-93	Date of Test 4-14-93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 160	Water - Bbls. 42	Gas - MCF 208

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

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 **Ted A. Tipton** Area Manager
Printed Name **4-21-93** Title **(505) 325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 28 1993**

By **Original Signed by CHARLES GUNELSON**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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 of 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.

