

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production, Inc.		Well API No. 30 039 25303
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LYDIA RENTZ	Well No. #11	Pool Name, Including Formation West Lindrith, Gallup-Dakota	Kind of Lease <u>State</u> , Federal or Fee	Lease No. SF 079601
Location				
Unit Letter O	840	Feet From The SOUTH Line and	1820	Feet From The EAST Line
Section 19	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 checked="" 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 M	Sec. 19
	Twp. 25N	Rge. 3W
Is gas actually connected?	When ? 10/93	

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 9-30-93	Date Compl. Ready to Prod.		Total Depth 8200'		P.B.T.D. 8190'			
Elevations (DF, RKB, RT, GR, etc.) 7254'-GR, 7268'-KB	Name of Producing Formation GALLUP-DAKOTA		Top Oil/Gas Pay 6964'-7164'		Tubing Depth 8134'			
Perforations 6964'-7164' GAL, 7891'-7914' UP DK, 8045'-8076' LW DK		Depth Casing Shoe 8200'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 450'		SACKS CEMENT 350 SX			
7-7/8"	5-1/2"		8200'		2025 SX			
	2-7/8"		8134'					

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	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	Casing Pressure
	Water - Bbls.
	Gas - MCF

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DIST 3

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 **11-30-93** Title **(505) 325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 15 1993**

By **Original Signed by HELEN J. CHAVEZ**

Title **SUPERVISOR DISTRICT # 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.

