Submit 5 Co copies District Office STRICT 1 CO. Box 1980, Hobbs, NM 88240

## State of New Mexico rgy, Minerals and Natural Resources Departm.

OIL CONSERVATION DIVISION DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Texaco Producing Inc. Address P.O. Box 730, Hobbs, NM 88240 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of Dry Gas Gas Transporter Change Recompletion Oil Change in Operator X Condens Casinghead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lesse Name Vacuum Grayburg Well No. | Pool Name, Including Formation Kind of Leas Lease No. San Andres Unit 52 Vacuum Grayburg San Andres State, Federal or Fee B-3011 Location 1980 Feet From The 660 Unit Letter \_ Feet From The North Line and West Section 18\$ Township 34E Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil

Name of Authorized Transporter of Oil Texas New Mexico Pi				0001)		Box 2528				ent)	
Name of Authorized Transporter of Casing Texaco Inc.	X	X or Dry Gas			Address (Give address to which approved copy of this form is to be sent) P.O. Box 730, Hobbs, NM 88240						
if well produces out or liquids, give location of tanks.	Unit	Sec.	Sec.   Twp.   Rge.   is gas actually connected?   W   2   18S   34E   Yes					<del></del>			
	F	2			i						
If this production is commungled with that IV. COMPLETION DATA	rom any o	ther lease or	pool, give	comming	ing order num	ber:	СТВ				
Designate Type of Completion	· (X)	Oil Wel	I G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
Elevanons (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						<del></del>		Depth Casing Shoe			
		TUBING,	CASIN	G AND	CEMENTI	NG RECOR	D		<del></del>	<del></del>	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>			
	<del></del>					<del></del>					
					<del></del>					<del></del>	
V. TEST DATA AND REQUES	FOR A	ALLOWA	ABLE					<u>:</u>			

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

**GAS WELL** Actual Prod. Test - MCF/D Length of Test

Testing Method (pilot, back pr.)

Bhis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size

VL 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.

Aa Signature J. Head Area Manager **Printed Name** March 1990 393-7191 Date

## OIL CONSERVATION DIVISION APR 1 1 1990

Date Approved By.

DRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERITSOR Title\_

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.

Tubing Pressure (Shut-in)