

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**

I.

Operator: Texaco Producing Inc. Well API No. _____

Address: P.O. Box 730, Hobbs, NM 88240

Reason(s) for Filing (Check proper box):
 New Well
 Recompletion
 Change in Operator
 Other (Please explain) _____

Change in Transporter of:
 Oil Dry Gas Gas Transporter Change
 Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Vacuum Grayburg San Andres Unit</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Vacuum Grayburg San Andres</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>B-1189</u>
Location				
Unit Letter <u>M</u>	<u>990</u>	Feet From The <u>South</u> Line and <u>990</u>	Feet From The <u>West</u> Line	
Section <u>2</u>	Township <u>18S</u>	Range <u>34E</u>	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipe Line Co. (0095-0001) Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2528, Hobbs, NM 88240

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Texaco Inc. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 730, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>2</u>	Twp. <u>18S</u>	Rge. <u>34E</u>	Is gas actually connected? <u>Yes</u>	When? <u>10/01/89</u>
--	------------------	------------------	--------------------	--------------------	--	--------------------------

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-73

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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: J. A. Head
 J. A. Head Area Manager
 Printed Name Title
 Date: March 27, 1990 Telephone No. (505) 393-7191

OIL CONSERVATION DIVISION

APR 11 1990

Date Approved _____

By: ORIGINAL SIGNED BY JEFFY DIXON
 DISTRICT I SUPERVISOR

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.

