

OIL CONSERVATION DIVISION

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

RECEIVED

SEP 04 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO INC. ✓	Well API No. 00000 ARTESIA OFFICE
Address P.O. Box 730, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Kincaid-Watson Federal	Well No. 2	Pool Name, Including Formation Shugart Bone Springs, N.	Kind of Lease State, Federal or Fee	Lease No. LC-029393-B
Location Unit Letter P : 827 Feet From The South Line and 874 Feet From The East Line Section 7 Township 18S Range 31E, NMPM, Eddy 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"/> Texas New Mexico Pipe Line Co.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 18S	Rge. 31E	Is gas actually connected? Yes	When? 06-04-90
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-2-90	Date Compl. Ready to Prod. 07-19-90		Total Depth 9000'		P.B.T.D. 8840'			
Elevations (DF, RKB, RT, GR, etc.) GR 3650', KB 3668'	Name of Producing Formation Shugart Bone Springs		Top Oil/Gas Pay 7782'		Tubing Depth 8482'			
Perforations 7782-98,7802-14,7818-36' (2 JSPF, 92 Holes)		8376-8440' (2 JSPF, 128 Holes)		Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		652'		CI H 550 sx-TS @ 558'			
11"	8-5/8"		2520'		CI H 850 sx Cir 120 sx			
7-7/8"	5-1/2"		9000'		CI H 1950 sx Cir 385 sx			
	2 7/8		8482					

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 07-19-90	Date of Test 08-07-90	Producing Method (Flow, pump, gas lift, etc.) Pumping 2.5 X 1.25 X 20'	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size comp & BR
Actual Prod. During Test	Oil - Bbls. 56	Water - Bbls. 12	Gas- MCF 101

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
R. B. DeSoto
Engineering Technician
Printed Name
08-30-90
Date
(505) 393-7191
Telephone No.

OIL CONSERVATION DIVISION

SEP 28 1990

Date Approved
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.