

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, 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

JAN 19 1994

Operator TEXACO EXPLORATION & PRODUCTION INC.		Well API No. 30-015-27675	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
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 DOW B 33 FEDERAL	Well No. 2	Pool Name, Including Formation CEDAR LAKE, EAST (MORROW)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-029420-B
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line Section <u>33</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>EDDY</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of TEXACO TRADING & TRANSPORTATION INC	Oil <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 6196 MIDLAND, TEXAS 79711				
Name of Authorized Transporter of CONOCO INC.	Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 10 DESTA DRIVE 100 WEST MIDLAND, TEXAS 79705				
If Well Produces oil or liquids, give location of tanks	Unit J	Sec. 33	Twp. 17S	Rge. 31E	Is gas actually connected? YES	When? 1/21/94

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	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/24/93	Date Compl. Ready to Prod. 12/24/93		Total Depth 12100'		P.B.T.D 12075'			
Elevations (DF, RKB, RT, GR, etc.) GR-3754', KB-3773'	Name of Producing Formation MORROW		Top Oil/Gas Pay 11818'		Tubing Depth 11770'			
Perforations 11818'-11832'; 4 JSPF, 56 HOLES					Depth Casing Shoe 12100'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		679'		420 SX, TOC @ SURFACE			
11"	8 5/8"		5100'		1593 SX (CIRC 189 SX)			
7 7/8"	5 1/2"		12100'		1520 SX, TOC @ 3100'			
					DV TOOL @ 8856'			

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 a 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 31584	Length of Test 24 HOURS	Bbls. Condensate/MMCF 192	Gravity of Condensate 54.10
Testing Method (pitot, back pr.) FLOWING	Tubing Pressure (Shut-in) 3350	Casing Pressure (Shut-in)	Choke Size 28/64

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 Monte C. Duncan		Engr Asst
Printed Name 1/21/94	Title 397-0418	
Date	Telephone No.	

OIL CONSERVATION DIVISION

Date Approved	JAN 31 1994
By	SUPERVISOR, DISTRICT II
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 IV for changes in 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.