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DISTRICT II  
P.O. 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

Operator <u>TEXACO INC.</u>		Well API No. <u>30-015-26225</u>
Address <u>P.O. Box 730 HOBBS, NEW MEXICO 88240</u>		
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 <u>KINCAID-WATSON FEDERAL</u>	Well No. <u>1</u>	Pool Name, including Formation <u>SHUGART BONE SPRINGS, NORTH</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>LC-029393-B</u>
Location				
Unit Letter <u>B</u> : <u>330</u> Feet From The <u>11</u> Line and <u>1980</u> Feet From The <u>E</u> Line				
Section <u>18</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>EDDY</u> 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"/> <u>TEXACO TRADING AND TRANSPORTING INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 60628 MIDLAND, TX 79711-0628</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>FLARING</u>	Address (Give address to which approved copy of this form is to be sent) _____	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>18</u>
	Twp. <u>18S</u>	Rge. <u>31E</u>
	Is gas actually connected? <input type="checkbox"/> When ? _____	

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			<input checked="" type="checkbox"/>					
Date Spudded <u>11-22-88</u>	Date Compl. Ready to Prod. <u>1-26-89</u>	Total Depth <u>9285</u>		P.B.T.D. <u>8110</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3632, KB 3650</u>	Name of Producing Formation <u>BONE SPRINGS</u>	Top Oil/Gas Pay <u>7900</u>		Tubing Depth <u>7805</u>				
Perforations <u>7900-7904, 7912-7945 (2 JSPP, 74 HOLES)</u>		Depth Casing Shoe <u>9285</u>						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8 48" H-40</u>		<u>500</u>		<u>600 SX-11-CIRC-118 SX</u>			
<u>12 1/4</u>	<u>8 7/8 32" J-55</u>		<u>2520</u>		<u>1250 SX-H-45DSX DOWN ANN.</u>			
<u>7 7/8</u>	<u>5 1/2 17" K-55, 15.5" J-55</u>		<u>9285</u>		<u>1750 SX-H-CIRC-50 SX</u>			

### 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 <u>1-24-90</u>	Date of Test <u>1-26-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>FLOWING</u>	
Length of Test <u>24 HRS.</u>	Tubing Pressure <u>40</u>	Casing Pressure <u>0</u>	Choke Size <u>48/64</u>
Actual Prod. During Test	Oil - Bbls. <u>479</u>	Water - Bbls. <u>160</u>	Gas - MCF <u>588</u>

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.

J. A. Head / RLP  
Signature  
J. A. Head Area Manager  
Printed Name  
1-31-90 (505) 393-7191  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JAN 31 1990

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.