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Appropriate District Office
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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							MAR 5	1991		
I.								O. C ARTESIA,			
Operator							API No.				
Texaco Producing Inc	<u>·/</u>					300	1520607				
P.O. Box 730 Hobbs,	M M 900	24.0									
Reason(s) for Filing (Check proper box)	N.II. 002	.40		0	net (Please expl	_:_,					
New Well		Change in	Transporter of:		sci (riease expi	ain)					
Recompletion	Oil Caringhas		Dry Gas	•							
if change of operator give name	Casinghead	Gas	Condensate								
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name			D. 137								
Cedar Canyon	Well No. Pool Name, Inclu 1 Cedar Can						of Lease Federal or Fe	of Lease No. Federal or Fee			
Location Unit LetterP	77	0						:			
Unit Letter	:77	<u>U</u>	Feet From The	outh Lin	e and77	0 F	et From The	Last	Line		
Section 9 Townsh	ip 24S		Range 29E	, N	мрм,			Eddv	County		
III. DESIGNATION OF TRAN	NSPORTE	OF OI	L AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	X	or Condens	ate	Address (Gir	ve address to wi	uch approved	copy of this	orm is to be s	ent)		
Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas				P.O.	Box 311	nd, Texa	d, Texas 79711-0628 opy of this form is to be sent)				
Lease Use				Address (GA	e adaress to wi	uch approved	copy of this f	orm is to be s	ent)		
If well produces oil or liquids, give location of tanks.	Unit .	Sec. 9	Twp. Rge. 24S 29E	Is gas actuali		When	?				
If this production is commingled with that	from any othe	r lease or p		ling order num	No ber:						
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	Frod	Total Depth	L		P.B.T.D.	<u> </u>	.1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations				Top Oil/Gas Pay							
							Tubing Depth				
							Depth Casing Shoe				
		IRING	CASING AND	CEMENT	NC DECOR			-	·		
HOLE SIZE	CAS	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET						
		SACING & TOBING SIZE			DEPTH SET			SACKS CEMENT			
							 		-		
									<u> </u>		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	L	-		<u> </u>				
OIL WELL (Test must be after t	recovery of total	il volume o	f load oil and must	be equal to or	exceed ton allo	unble for this	danth as had	- 6.11.34 I			
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	np, gas lift, e	ic.)	or juil 24 hou	rs.)		
Length of Test		· · · · · · ·				_	•				
congui or rea	Tubing Press	RIFE		Casing Pressu	ire	-	Choke Size		· · · · · ·		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
CACHIDIA											
GAS WELL Actual Prod. Test - MCF/D	11										
The Post of MCMD	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
ET OPEN					<u> </u>						
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIANCE				'				
I hereby certify that the rules and regul Division have been complied with and	ations of the O	il Conserva	tion	C	DIL CON	SERVA	MOITA	DIVISIO	N		
is true and complete to the best of my l	cnowledge and	belief.	3V0E	_			DA A F	0 4004			
A.				Date	Approved	ı	MAR .	8 1991			
L'Il Dinocer				D.							
	.C. Duncan Engineer's Assistant					By ORIGINAL SIGNED BY					
Printed Name				MIKE WILLIAMS							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

3-<u>1-91</u>

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR, DISTRICT IS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

39**3-**7191

Telephone No.

- 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.