

Submit 2 copies to Appropriate District Office.
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

Form C-116
Revised 1/1/89

DEC 12 1989

ARIES

GAS - OIL RATIO TEST

Operator Texaco Producing Inc. /		Pool Livingston Ridge Delaware		County Eddy										
Address P.O. Box 730 Hobbs, New Mexico 88240		TYPE OF TEST - (X)		Completion <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Special <input type="checkbox"/>										
LEASE NAME	WELL NO.	LOCATION			DATE OF TEST	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU FT/BBL	
		U	S	T						R	WATER BBLs.	GRAV. OIL		OIL BBLs.
Neff "13" Federal	3	0	13	22S	31E	11-27-89 P		187	24	138	39.3	208	110	529

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature

J. A. Head Area Manager

Printed name and title

12-5-89

Date

393-7191

Telephone No.

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

July thru December 1989

NO. 2105 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE November 14, 1989

PURPOSE ALLOWABLE ASSIGNMENT - NEW OIL

Effective November 1, 1989 an allowable for a non-marginal (N187) well
is hereby assigned to Texaco Producing Inc., Neff 13 Federal #3-O-13-22-31
in the Livingston Ridge Delaware Pool.

L - F

MP - P

MEV/nm

Texaco Prod. Inc.

TTT

OIL CONSERVATION DIVISION


DISTRICT SUPERVISOR

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.		Well API No. 30-015-26164
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/15/90
If change of operator give name and address of previous operator		UNLESS AN EXCEPTION FROM THE S.L.R. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Neff "13" Federal	Well No. 3	Pool Name, Including Formation Livingston Ridge Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-29233
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 13 Township 22S 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"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711-0196	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Gas will be used on lease for fuel	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13
	Twp. 22S	Rge. 31E

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 10-02-89	Date Compl. Ready to Prod. 10-28-89		Total Depth 8450'		P.B.T.D. 7250'			
Elevations (DF, RKB, RT, GR, etc.) 3572' GR	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 7068 6977		Tubing Depth 7183'			
Perforations 7068-72, 74-76, 80-84, 7104-10'. (36 holes)					Depth Casing Shoe 8450'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		834'		Post ID-2 700 cir.			
10-5/8"	8-5/8"		4520'		11-12-89 1100 cir.			
7-7/8"	5-1/2"		8450'		Cement BK 2000 cir.			
	2 7/8		7183					

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 10-28-89	Date of Test 11-05-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 260	Water - Bbls. 72	Gas - MCF 110

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Co. 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: J. A. Head
J. A. Head Area Manager
Printed Name
11/09/89 (505) 393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 15 1989

By ORIGINAL SIGNED BY
MINE 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.