

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

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

RECEIVED

FEB 25 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.		Well API No. 3001526502
Address P.O. Box 730 Hobbs, New Mexico 88240		
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 Neff 13 Federal	Well No. 4	Pool Name, Including Formation Livingston Ridge Delaware	Kind of Lease State, (Federal) or Fee	Lease No. NM-29233
Location Unit Letter B : 660 Feet From The North 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 and Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628 Midland, Texas 79711-0628	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 730 Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13
	Twp. 22S	Rge. 31E
	Is gas actually connected? Yes	
	When? 2-20-91	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-27-90	Date Compl. Ready to Prod. 1-24-91		Total Depth 8450		P.B.T.D. 8435			
Elevations (DF, RKB, RT, GR, etc.) GR-3597, KB-3611	Name of Producing Formation Brushy Canyon		Top Oil/Gas Pay 7112		Tubing Depth 7146			
Perforations 7112-18, 7122-26, 7130-38, W/2 JSPF (36 HOLES)					Depth Casing Shoe 8450			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 11 3/4		DEPTH SET 840		SACKS CEMENT 700			
11	8 5/8		4350		1540			
7 7/8	5 1/2		8450		1550			

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 1-26-91	Date of Test 2-3-91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2.5*1.75*24	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 363.6 GOR	Oil - Bbls. 198	Water - Bbls. 27	Gas - MCF 72

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
M.C. Duncan
Printed Name
2-22-91
Date
393-7191
Telephone No.

Engineer's Assistant
Title

OIL CONSERVATION DIVISION

Date Approved FEB 28 1991

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.