

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

OIL CONSERVATION DIVISION

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

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

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.	Well API No. 30-015-21497
Address PO Box 728, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 Todd 2 State	Well No. 1	Pool Name, Including Formation Unders. Eddy Delaware	Kind of Lease State, Federal or Pool	Lease No. K-5017
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>24S</u> Range <u>31E</u> , <u>NMPM</u> , <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"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 6196, Midland, TX 79711
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	F 2 24S 31E No

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	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/3/75	Date Compl. Ready to Prod. 5/17/89	Total Depth 15120'	P.B.T.D. 8000'					
Elevations (DF, RKB, RT, GR, etc.) 3475' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7210'	Tubing Depth 7324'					
Perforations 7210'-7217' @ 2 SPF (16 holes)						Depth Casing Shoe 14966'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		635'		700			
12 1/2"	10 3/4"		4430'		2200			
9 1/2"	7 5/8"		12534'		3400			
6 1/2"	5"		12096'-14966'		600			

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 5/17/89	Date of Test 6/4/89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 210 BF	Oil - Bbls. 75	Water - Bbls. 135	Gas - MCF 17

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 J. A. Head
Printed Name J. A. Head Title Hobbs Area Superintendent
Date 6/5/89 Telephone No. 397-3571

OIL CONSERVATION DIVISION

Date Approved JUN 14 1989

By ORIGINAL SIGNED 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.