

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

FEB 15 1991

O. C. D.
ARTESIA, OFFICE

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. 3001523692
Address P.O. Box 730 Hobbs, N.M. 88240		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) 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 Salt Draw 11 Fed. Com	Well No. 1	Pool Name, including Formation Undes. Salt Draw Strawn	Kind of Lease State, Federal or Fee	Lease No. NM-13413
Location Unit Letter <u>G</u> : <u>1880</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>25S</u> Range <u>28E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texaco Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196 Midland, Texas 79711-0196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320 Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>11</u> Twp. <u>25S</u> Rge. <u>28E</u>	Is gas actually connected? <u>Yes</u> When? <u>11/10/82</u>

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"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 3-30-81	Date Compl. Ready to Prod. 2-11-91	Total Depth 13550	P.B.T.D. 12100					
Elevations (DF, RKB, RT, GR, etc.) 2425.4 GL	Name of Producing Formation Undes. Salt Draw Strawn	Top Oil/Gas Pay 12002	Tubing Depth 11917					
Perforations 12002-12006			Depth Casing Shoe 13550					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13-3/8	2664	3500 sx					
12 1/2	9-5/8	9830	3360 sx					
8 1/2	7	12726	500 sx					
6-1/8	4 1/2	13350	145 sx					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 3750	Length of Test 1 hour	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in) 6500	Casing Pressure (Shut-in)	Choke Size 16/64

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
M.C. Duncan Engineer's Assistant
Printed Name
2-11-91 Title
Date 393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 21 1991

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.