

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.		Well API No. 30-039-05706
Address 3300 N. Butler, Farmington, NM 87401		
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 Jicarilla "B"	Well No. 4	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Contract #68
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 32 Township 25N Range 5W, NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Inc.	3300 N. Butler, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	B   32   25N   5W   Yes   9-18-90

If this production is commingled with that from any other lease or pool, give commingling order number: R-7657

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX		XX				
Date Spudded 10-03-57	Date Compl. Ready to Prod. 9-07-90		Total Depth 7150		P.B.T.D. 7101			
Elevations (DF, RKB, RT, GR, etc.) 6662 GR	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6932		Tubing Depth 6964			
Perforations 6932' - 6982'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-3/4"	10-3/4"		328'		300			
8-3/4"	5-1/2"		7140'		600 (1st), 500 (2nd)			
	3-1/2"		6071'		355 sks, cmt to sur.			
	2-1/16"		6964'					

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 564	Length of Test 3 hrs.	Bbls. Condensate/MMCF 6 BBLS	Gravity of Condensate 41
Testing Method (pilot, back pr.) back press	Tubing Pressure (Shut-in) 1642	Casing Pressure (Shut-in) 1897	Choke Size 3/4"

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  
Alan A. Kleier  
Printed Name  
Alan A. Kleier  
Date  
9-19-90  
Area Manager  
(505) 325-4397  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 31 1990

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

