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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEXACO INC.	Well API No.
Address 3300 North Butler Farmington NM 87401 (505) 325-4397	
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 L, L. McConnell	Well No. 1	Pool Name, including Formation Lindreth Gallup-Dakota	West	Kind of Lease State, Federal or Fee	Lease No. SF-079602
Location Unit Letter N : 1190 Feet From The South Line and 1450 Feet From The West Line Section 30 Township 25N Range 3W , NMPM , Rio Arriba 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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289 Farmington NM 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 30	Twp. 25N	Rge. 3W	Is gas actually connected? Yes	When? 1956

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	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 9-15-1955	Date Compl. Ready to Prod. Jan 12-1990		Total Depth 9011		P.B.T.D. 8126			
Elevations (DF, RKB, RT, GR, etc.) 7247 7257 D.F.	Name of Producing Formation West Lindreth GAL.-DK.		Top Oil/Gas Pay 6978		Tubing Depth 7578			
Perforations Dakota 7790-8040 Gallup 6978-7263					Depth Casing Shoe 8710			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17.250	13.375		397 7263		500 SX REG.			
N/A	5.500		8710		700 SX			
	2.375		7578					

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 Jan. 12-90	Date of Test Jan. 18, 1990	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs.	Tubing Pressure 140	Casing Pressure 140	Choke Size 1/2"
Actual Prod. During Test same	Oil - Bbls. 60	Water - Bbls. 30	Gas- MCF 107

GAS WELL **15897**

Actual Prod. Test - MCF/D 15897	Length of Test	Bbls. Condensate/MCF 15897	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.

Alan A. Kleier
Signature
Alan A. Kleier Area Manager
Printed Name
1-18-90 **(505) 325-4397**
Date Telephone No.

RECEIVED
JAN 18 1990
OIL CON. DIV.
DIST. 3
CIL CONSERVATION DIVISION
Date Approved **JAN 18 1990**
By **Charles Johnson**
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.

