

OIL CONSERVATION DIVISION

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

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. 30039231020001
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 C.W. Roberts	Well No. 7	Pool Name, Including Formation SO. Blanco Pictured Cliff	Kind of Lease State, Federal or Fee	Lease No. SF_079600
Location Unit Letter J : 1650 Feet From The south Line and 1650 Feet From The east Line Section 17 Township 25 Range 3, 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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?
					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	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 11-18-82	Date Compl. Ready to Prod. 5-12-90		Total Depth 6200'		P.B.T.D. 6150			
Elevations (DF, RKB, RT, GR, etc.) 7325 KB 7312 GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3798		Tubing Depth none 5660			
Perforations 3798' to 3819', 21 FT, 4 JSPF. 84 holes, .47 size					Depth Casing Shoe 6200			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		351'		350 SK CL B CIRC.			
7 7/8	5 1/2		6200'		898 CU FT POZ			
	2 3/8		DV @ 3726'		1105 CU FT POZ.			
			5660					

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 5-21-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure 139	Choke Size
Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls. 0	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2062	Length of Test 3 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) -	Casing Pressure (Shut-in) 904	Choke Size 2" X 6" x .750

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 Area Manager
Date 6/7/90 Telephone No. (505) 325-4397

OIL CONSERVATION DIVISION

Date Approved JUL 2 1990
By [Signature]
Title SUPERVISOR DISTRICT #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.