

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 Exploration & Production Inc.	Well API No. 30-039-25323
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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

DIST. 3

Lease Name L.L. McCONNELL	Well No. #19	Pool Name, Including Formation WEST LINDRITH GALLUP/DAKOTA	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. SF 079602
Location Unit Letter J : 1760' Feet From The SOUTH Line and 1850' Feet From The EAST 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) 3535 E. 30th, FARMINGTON NM	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO E & P INC.	Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER, FARMINGTON NM	
If well produces oil or liquids, give location of tanks.	Unit D Sec 29 Twp 25N Rge 03W	Is gas actually connected? YES When? 10-93

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-19-93	Date Compl. Ready to Prod. 12-17-93		Total Depth 8350'		P.B.T.D. 8343'			
Elevations (DF, RKB, RT, GR, etc.) GR-7278'	Name of Producing Formation GALLUP/DAKOTA		Top Oil/Gas Pay 7112'		Tubing Depth 8212'			
Perforations GALLUP 6970'-7300' / DAKOTA 7889'-8084'					Depth Casing Shoe 8350'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2" 2-7/8"		DEPTH SET 450' 8240' 8071'		SACKS CEMENT 352 BX 2005 BX			

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 12-17-93	Date of Test 12-18-93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS.	Tubing Pressure -	Casing Pressure 215 PSI	Choke Size -
Actual Prod. During Test 171 BBL.	Oil - Bbls. 150	Water - Bbls. 21	Gas - MCF 87

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 **Ted A. Tipton** Area Manager
Printed Name **12-20-93** Title **(505) 325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 17 1993**

By **Charles Holman**
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.

