

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

Operator <b>Texaco Inc.</b>	Well API No. <b>30-039-22610</b>
Address <b>3300 N. Butler, Farmington, New Mexico 87401</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" 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

Lease Name <b>Paul Williams</b>	Well No. <b>3-E</b>	Pool Name, Including Formation <b>Mesa Verde</b> <i>Blanco</i>	Kind of Lease State, Federal or Fee	Lease No. -----
Location Unit Letter <b>A</b> : <b>890'</b> Feet From The <b>North</b> Line and <b>1010'</b> Feet From The <b>East</b> Line Section <b>35</b> Township <b>26N</b> Range <b>6W</b> , <b>NMPM</b> , <b>Rio Arriba</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Meridian Oil Co.</b> <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>3535 E. 30th, Farmington NM 87401</b>					
Name of Authorized Transporter of Casinghead Gas <b>TEXACO Inc.</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>3300 N. Butler, Farmington NM 87401</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>35</b>	Twp. <b>26N</b>	Rge. <b>6W</b>	Is gas actually connected? <b>Yes</b>	When? <b>12-7-81</b>

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
		<b>X</b>		<b>X</b>				<b>X</b>
Date Spudded <b>5-1-81</b>	Date Compl. Ready to Prod. <b>2-14-91</b>		Total Depth <b>7554'</b>		P.B.T.D. <b>7510'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6691' KB, 6679' GR</b>	Name of Producing Formation <b>MESA VERDE</b>		Top Oil/Gas Pay <b>4992'</b>		Tubing Depth <b>5312' 5310'</b>			
Perforations <b>4992-94, 5065-68, 5151-60, 5200-5202, 5220-23, 5235-36, 5247-5252, 5262-69, 5274-75, 5306-07, 5318-19, 5324-25, 5351-52</b>					Depth Casing Shoe <b>7554'</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>12-1/4"</b>	CASING & TUBING SIZE <b>8-5/8" CSG</b>		DEPTH SET <b>313'</b>		SACKS CEMENT <b>300 SX</b>			
<b>7-7/8"</b>	<b>5-1/2" CSG</b>		<b>7554'</b>		<b>2130 SX</b>			
	<b>2-1/16" TBG</b>		<b>5310'</b>					

### 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 Pressure (psi) (c.)	
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 <b>1306 mcf/d</b>	Length of Test <b>3 Hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>0</b>
Testing Method (pilot, back pr.) <b>back pr.</b>	Tubing Pressure (Shut-in) <b>120#</b>	Casing Pressure (Shut-in) <b>---</b>	Choke Size <b>48/64</b>

### 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 **4-2-91** (505) **325-4397** Title  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **APR 08 1991**

By *[Signature]*

Title **MANAGER OF DIVISION**

### 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.