

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L

Operator Texaco Inc.		Well API No. 30-045-24047	
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 checked="" 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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Dome Federal 7-27-13	3	Basin Fruitland Coal	Fed	NM-14973
Location				
Unit Letter <u>G</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line				
Section <u>7</u> Township <u>27N</u> Range <u>10E</u> , NMMP, San Juan 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)	
El Paso Natural Gas Co.					P.O. Box 990, 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 XX	New Well	Workover XX	Deepen	Plug Back	Same Res'v	Diff Res'v XX
Date Spudded 7-23-80		Date Compl. Ready to Prod. 7-20-90		Total Depth 1502'			P.B.T.D. 1337'		
Elevations (DF, RKB, RT, GR, etc.) 6013' GR		Name of Producing Formation Basin Fruitland		Top Oil/Gas Pay 1298'			Tubing Depth 1283'		
Perforations 1298'-1305' & 1312'-1330'							Depth Casing Shoe --		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"		8-5/8"		118'			100 sks		
6-1/4"		4-1/2"		1477'			275 sks		
		2 3/8"		1283'					

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 pattern, etc.) --
Length of Test --	Tubing Pressure --	Casing Pressure --
Actual Prod. During Test --	Oil - Bbls. --	Water - Bbls. --
		Gas - MCF --

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
11	24 hr.	--	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	--	139 SI	1/4"

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.

Alan A. Klein, M.D.

Signature Alan A. Kleier Area Manager

Printed Name : 8-01-90 (505) 325-4297 Title

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved AUG 08 1990

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #4

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.

THE
OFFICE OF THE
SHERIFF
COUNTY OF LOS ANGELES
CALIFORNIA
VIA REGISTERED MAIL
FIRST CLASS PERMIT NO. 1000
LOS ANGELES, CALIF. 90012

Dear Sir:

Enclosed for you are two copies of a letterhead memorandum dated and captioned as above.