

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. 03-045-28689
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 Neah Victoria 11210	Well No. 3	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State (Federal) or Fee	Lease No. I-149-IND-8463
Location Unit Letter A : 1245' Feet From The North Line and 790' Feet From The East Line Section 1 Township 27N Range 9W , NMPM , 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"/> 2510350	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"/> Texaco E. & P. Inc. 2510330	Address (Give address to which approved copy of this form is to be sent) 3300 N. Butler, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 1	Twp. 27N	Rge. 9W	Is gas actually connected? Yes	When? 9/92

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
		X	X					
Date Spudded 9-05-92	Date Compl. Ready to Prod. 9-27-92		Total Depth 2120'		P.B.T.D. 2080'			
Elevations (DF, RKB, RT, GR, etc.) GR-5867', KB-5880'	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1785' 186'		Tubing Depth 1953'			
Perforations 1869'-71', 1883'-85', 1912'-28', 1937', 1940'-45', 1948'-49', 1959'-62', 1964'-74', 2022'-24'.					Depth Casing Shoe 2120'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		300'		340 sx. - circ. 122 sx.			
7-7/8"	5-1/2"		2120'		460 sx. - Circ. 135 sx.			
	2-3/8" Tbg.		1953'					

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, pump, gas lift, etc.)	RECEIVED JAN - 6 1993 OIL CON. DIV DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 126	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 255	Casing Pressure (Shut-in) 255	Choke Size 22/64"

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 **1-05-93** Title **(505)325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 15 1993**

By **Supervisor**
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.
- NMOGCD (5)