

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

| | |
|---|---|
| Operator Texaco Exploration & Production Inc. | Well API No. 30-045-28786 |
| 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 Bolack | Well No. 1 | Pool Name, Including Formation Basin Fruitland Coal | Kind of Lease State, Federal or Fee | Lease No. SF 078306 |
| Location | | | | |
| Unit Letter G | : 1760' | Feet From The North Line and 1375' | Feet From The East Line | |
| Section 2 | Township 27N | Range 11W | 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"/> | 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 E. & P. Inc. | 3300 N. Butler, Farmington, N.M. 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When? |
| | G 2 27N 11W yes 12/92 |

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 11-02-92 | Date Compl. Ready to Prod. 11-29-92 | Total Depth 1925' 1622 | | P.B.T.D. 1875' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR-5950', KB-5963' | Name of Producing Formation Basin Fruitland Coal | Top Oil/Gas Pay 1506' | | Tubing Depth 1729' | | | | |
| Perforations 1622' - 1800' | | | | Depth Casing Shoe 1925' | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 300' | | 340 sks. Circ. 110 sks. | | | |
| 7-7/8" | 5-1/2" | | 1925' | | 460 sks. Circ. 121 sks. | | | |
| | 2 3/8 | | 1729 | | | | | |

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.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size JAN 28 1993 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF OIL CON. DIV. DIST. 3 |

GAS WELL

| | | | |
|--|--|--|-------------------------------------|
| Actual Prod. Test - MCF/D 686 | Length of Test 24 hrs. | Bbls. Condensate/MMCF 0 | Gravity of Condensate --- |
| Testing Method (pitot, back pr.) Pitot | Tubing Pressure (Shut-in) 160# | Casing Pressure (Shut-in) 230# | Choke Size 17/64 |

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 **Ted A. Tipton** Title
Date **1-25-93** Telephone No. **(505)325-4397**

OIL CONSERVATION DIVISION

Date Approved **MAR 10 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)