

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

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

30201N

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Texaco Exploration & Production Inc.	Well API No. 30-045-95222
Address 3300 N. Butler, Farmington, New Mexico 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 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 _____

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II. DESCRIPTION OF WELL AND LEASE

Lease Name KEYS COM	Well No. #1	Pool Name, Including Formation ARMENTA GALLUP	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. E3149
Location Unit Letter N : 1120 Feet From The SOUTH Line and 1680 Feet From The WEST Line Section 32 Township 29N Range 10W , NMPM , San Juan County				

**OIL CON
 DIST. 3**

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 87402
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington NM 87499
If well produces oil or liquids, give location of tanks.	Unit N Sec. 32 Twp. 29N Rge. 10W Is gas actually connected? YES When? 1963

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 <input checked="" type="checkbox"/>	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 4-14-63	Date Compl. Ready to Prod. 12-16-92	Total Depth 6489'	P.B.T.D. 6446'					
Elevations (DF, RKB, RT, GR, etc.) 5960' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5440'	Tubing Depth 6363'					
Perforations 5440'-5460', 5680'-5705' 4jspf		Depth Casing Shoe 6489'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
9-7/8"	7-5/8"	630'		130 SX				
6-3/4"	4-1/2"	6489'		250 SX				
DV Tool		5650'		120 SX				
DV Tool		856'		225 SX				

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 10-1-92	Date of Test 10-12-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 hrs	Tubing Pressure 50 psi	Casing Pressure 250 psi	Choke Size 1/2"
Actual Prod. During Test	Oil - Bbls. 5 bbl	Water - Bbls. 3 bbl	Gas - MCF 85 mcf/d

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 **Ted A. Tipton** Title **(505) 325-4397**
 Date **2-9-93** Telephone No. _____

OIL CONSERVATION DIVISION
DIST. 3

Date Approved **MAY 14 1993**

By [Signature]
 Title **SUPERVISOR DISTRICT #3**

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 MAY 14 1993