

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**

I.

| | |
|---|---|
| Operator TEXACO EXPLORATION AND PRODUCTION INC. | Well API No. 30-025-31930 ✓ |
| Address P.O. BOX 730 HOBBS, NEW MEXICO 88240 | |
| 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 NEW MEXICO "R" STATE NCT-3 | Well No. 25 | Pool Name, Including Formation VACUUM DRINKARD | Kind of Lease State, Federal or Fee STATE | Lease No. B-1306-2 |
| Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>1</u> Township <u>18-S</u> Range <u>34-E</u> , NMPM, LEA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|--|--------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil TEXACO T & T INC. <input checked="" type="checkbox"/> | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 6196 MIDLAND, TEXAS 79711 | | | | |
| Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC. <input checked="" type="checkbox"/> | or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137 EUNICE, NEW MEXICO 88231 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 1 | Twsp. 18S | Rge. 34E | Is gas actually connected? YES | When? 4-30-93 |

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 X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 4-1-93 | Date Compl. Ready to Prod. 4-29-93 | | Total Depth 8000' | | P.B.T.D. 7950' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3984' GR | Name of Producing Formation VACUUM DRINKARD | | Top Oil/Gas Pay 7765' | | Tubing Depth 7638' | | | |
| Perforations 7765'-74', 7810'-50', 7902'-06' (2 JSPF, 106 HOLES) | | | | | Depth Casing Shoe 8000' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 14 3/4 | 11 3/4 | | 1470' | | 1090 SXS (CIRC 300 SX) | | | |
| 11 & 7 7/8 | 5 1/2 | | 8000' | | 1990 SXS (CIRC 10 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 4-30-93 | Date of Test 4-30-93 | Producing Method (Flow, pump, gas lift, etc.) FLOWING | |
| Length of Test 24 HOUR | Tubing Pressure 70 PSI | Casing Pressure | Choke Size 32/64 |
| Actual Prod. During Test 941 GOR | Oil - Bbls. 322 | Water - Bbls. 60 | Gas- MCF 303 |

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
MONTE C. DUNCAN ENGR. ASST.
Printed Name
5-3-93 Title
393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 03 1993
By ORIGINAL SIGNATURE
Title _____

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.