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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

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

I.

Operator Texaco Exploration and Production Inc.	Well API No. 30-025-31195
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: <input type="checkbox"/>
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 Central Vacuum Unit	Well No. 291	Pool Name, Including Formation Vacuum Grayburg San Andres	Kind of Lease (State, Federal or Fee)	Lease No. B-155
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1330</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, Texas 75221 P.O. Box 2528 Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company Texaco Exploration and Production Inc.	Address (Give address to which approved copy of this form is to be sent) 6600 West Loop West Odessa, Texas 79762 WEST LOOP WEST WASHINGTON, N.M. 88260			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 31	Twp. 17S	Rge. 35E
Is gas actually connected?	When?		07-26-91	

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 06-19-91	Date Compl. Ready to Prod. 07-26-91		Total Depth 4850		P.B.T.D. 4750			
Elevations (DF, RKB, RT, GR, etc.) GR-3999, KB-4014	Name of Producing Formation San Andres		Top Oil/Gas Pay 4301		Tubing Depth 4183			
Perforations 4301-4415: 66 holes; 4456-4560: 110 holes 4584-4675: 62 holes					Depth Casing Shoe 4850			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		1538		1400 SX (circ)			
12 1/2	9 5/8		2800		1450 SX (circ)			
8 3/4	7		4850		D.V. Tool @ 1612 850 SX (circ)			

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.)

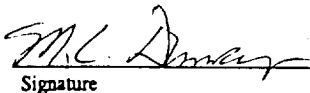
Date First New Oil Run To Tank 07-18-91	Date of Test 07-30-91	Producing Method (Flow, pump, gas lift, etc.) Submersible Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 483 GOR	Oil - Bbls. 120	Water - Bbls. 1500	Gas- MCF 58

GAS WELL

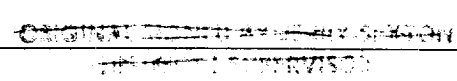
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
 M.C. Duncan Engineer's Assistant
 Printed Name Title
 8-12-91 393-7191
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By  Orig. Signed by
 Paul Kautz
 Geologist
 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.



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cc
MEMS OR...