

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator TEXACO EXPLORATION & PRODUCTION INC. | Well API No. 30-025-32262 |
| Address P.O. BOX 730, HOBBS, NM 88240 | |
| New Well <input checked="" type="checkbox"/> Change in Transporter of: | <input type="checkbox"/> Other (Please explain) |
| 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 VACUUM GLORIETA WEST UNIT | Well No. 15 | Pool Name, Including Formation VACUUM GLORIETA | Kind of Lease State, Federal or Fee STATE | Lease No. B-1520-1 |
| Location Unit Letter A : 807 Feet From The NORTH Line and 971 Feet From The EAST Line Section 25 Township 17S Range 34E NMPM LEA COUNTY | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|---|
| Name of Authorized Transporter of MOBIL PIPELINE COMPANY | Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 900 DALLAS, TEXAS 75221 |
| Name of Authorized Transporter of GPM GAS CORPORATION | Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 4044 PENBROOK AVENUE ODESSA, TEXAS 79762 |
| If Well Produces oil or liquids, give location of tanks | Unit C Sec. 25 Twp. 17S Rge. 34E | Is gas actually connected? YES When? 1/17/94 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 12/26/93 | Date Compl. Ready to Prod. 1/10/94 | Total Depth 6416' | P.B.T.D 6244' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR-3995', KB-4009' | Name of Producing Formation GLORIETA | Top Oil/Gas Pay 6063' | Tubing Depth 6148' | | | | | |
| Perforations 6063' - 6086', 6092'-6110', 6116'-6122', 6126'-6138' (2 JSPP, 118 HOLES) | | | Depth Casing Shoe 6146' | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING and TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8 5/8" | | 1590' | | 650 SX, CIRC 87 SX | | | |
| 7 7/8" | 5 1/2" | | 6416' | | 1300 SX, CIRC 231 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 a full 24 hours.)

| | | | |
|--|--------------------------------|--|------------------------|
| Date First New Oil Run To Tank 1/16/94 | Date of Test 1-19-94 | Producing Method (Flow, pump, gas lift, etc.) PUMPING 2.5 X 1.5 X 24 | |
| Length of Test 24 HOURS | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 7333 GOR | Oil - Bbls. 3 | Water - Bbls. 63 | Gas - MCF 22 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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.

Monte C. Duncan
Signature
Monte C. Duncan Engr Asst
Printed Name
1/31/94 Title
397-0418 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 02 1994**
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only sections I, II, III, and IV for changes in operator, well name or number, transporter, or other such changes
- Separate Form C-104 must be filed for each pool in multiply completed wells.