

# 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

Operator <b>TEXACO EXPLORATION &amp; PRODUCTION INC.</b>		Well API No. <b>30 025 03397</b>
Address <b>P.O. BOX 730, HOBBS, NM 88240</b>		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)	<b>CHANGE WELL STATUS FROM OIL WELL TO GAS WELL</b>
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 <b>MEXICO W</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>EUMONT YATES SEVEN RIVERS QUEEN</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B-1327</b>
Location Unit Letter <b>P</b> : <b>2970</b> Feet From The <b>SOUTH</b> Line and <b>330</b> Feet From The <b>EAST</b> Line Section <b>2</b> Township <b>21S</b> Range <b>35E</b> NMPM <b>LEA</b> COUNTY				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>PO BOX 2528, HOBBS, NM 88240</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>PO BOX 3000, TULSA, OK 74102-3000</b>				
If Well Produces oil or liquids, give location of tanks	Unit <b>1</b>	Sec. <b>2</b>	Twp. <b>21S</b>	Rge. <b>35E</b>	Is gas actually connected? When? <b>YES 11/25/54</b>

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 <b>X</b>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D		
Elevations (DF, RKB, RT, GR, etc.) <b>3573 DF</b>	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT		

### 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 <b>1/13/94</b>	Date of Test <b>1/16/94</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOWING</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D <b>445 MCF</b>	Length of Test <b>24 HOURS</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>---</b>
Testing Method (pitot, back pr.) <b>BACK PRESSURE</b>	Tubing Pressure (Shut-in) <b>130#</b>	Casing Pressure (Shut-in)	Choke Size <b>48/64</b>

### 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.

*Darrell J. Carriger*  
Signature  
Darrell J. Carriger Engineering Assistant  
Printed Name Title  
3/10/94 397-0431  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **MAR 22 1994**  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
Title

### 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 VI 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.

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