

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPT. OF REVENUE	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator <b>TEXACO Inc.</b>	CASINGHEAD GAS MUST NOT BE FLARED <b>3/11/84</b> UNLESS EXCEPTION TO R-4070 IS OBTAINED.
Address <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain) <b>Request temporary approval to commingle with Devonian Zone until final approval received.</b>
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name <b>John H. Moore</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Moore Permo Penn</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>D</b>	<b>660</b>	Feet From The <b>North</b> Line and	<b>660</b>	Feet From The <b>West</b>
Line of Section <b>25</b>	Township <b>11-S</b>	Range <b>32-E</b>	NMPM,	Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texas-New Mexico Pipe Line Co.</b>	<b>P. O. Box 2528, Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Vented</b>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>D 25 11-S 32-E</b>	<b>No</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hestv.	Diff. Rest.
	<b>X</b>			<b>X</b>		<b>X</b>		<b>X</b>
Date Spudded <b>10-27-51</b>	Date Compl. Ready to Prod. <b>1-12-84</b>	Total Depth <b>10,475'</b>	P.B.T.D. <b>8510'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4327' (GR)</b>	Name of Producing Formation <b>Penn</b>	Top Oil/Gas Pay	Tubing Depth <b>8479'</b>					
Perforations <b>8370'-8502' (Penn)</b>			Depth Casing Shoe <b>10,475'</b>					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>303'</b>	<b>350</b>
<b>11"</b>	<b>9 5/8"</b>	<b>3510'</b>	<b>2300</b>
<b>7 3/4"</b>	<b>5 1/2"</b>	<b>10,451'</b>	<b>531</b>

## 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 Tanks <b>1-11-84</b>	Date of Test <b>1-12-84</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping 2 1/2"</b>	
Length of Test <b>24 Hr.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <b>19</b>	Water-Bbls. <b>190</b>	Gas-MCF <b>61</b>

## GAS WELL

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

## 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)  
**Asst. Dist. Mgr.**  
(Title)  
**1-27-84**  
(Date)

## OIL CONSERVATION DIVISION

JAN 30 1984

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_  
ORIGINAL SIGNED BY JERRY SEXTON  
TITLE \_\_\_\_\_  
DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviating tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

JAN 30 1984

SGO  
HCBBL-111-6