

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator
TEXACO Inc.Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico 'AT' State	Well No. 9	Pool Name, Including Formation Saungers-Permo Upper Penn	Kind of Lease State, Federal or Fee	Lease No. B-9505
Location Unit Letter M ; 860 Feet From The South Line and 660 Feet From The West Line of Section 15 Township 14-S Range 33-E, NMPM, Lea Count				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) 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"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1579, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When M 10 14-S 33-E Yes 1-18-83

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

CTB-40

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. R.
	X		X					
Date Spudded 12-1-82	Date Compl. Ready to Prod. 1-18-83	Total Depth 10,100'	P.B.T.D. 10,065'					
Elevations (DF, RAB, RT, GR, etc.) 4214' (GR)	Name of Producing Formation Penn	Top Oil/Gas Pay 9750	Tubing Depth 10,034'					
Perforations 9806-10,015	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	470'	700
11"	8 5/8"	4185'	1600
7 7/8"	5 1/2"	10,100'	2000

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 1-12-83	Date of Test 1-18-83	Flowing	
Length of Test 24 Hrs	Tubing Pressure 95#	Casing Pressure -	Choke Size 32/64"
Actual Prod. During Test	Oil-Bbls. 366	Water-Bbls. 63	Gas-MCF 575

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

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.

Asst. Dist. Mgr.

January 19, 1983

OIL CONSERVATION DIVISION

APPROVED JAN 25 1983

BY ORIGINAL SIGNED BY
EDDIE W. SEAY

TITLE

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

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

All sections of this form must be filled out completely for all wells 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 multi-completed wells.

RECEIVED

JAN 24 1983

CCC
HOBBS OFFICE