

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator TEXACO, Inc.	
Address P. O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico 'BG' ST. NCT-2	Well No. 2	Pool Name, including Formation Saunders Permian Upper Penn	Kind of Lease State, Federal or Fee	Lease B-9560
Location				
Unit Letter H	2310	Feet From The North Line and 660	Feet From The East	
Line of Section 16	Township 14-S	Range 33-E	NMPM, Lea	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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Co.	P.O. Box 2528, Hobbs, New Mexico 88240
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)
Warren Petroleum Co.	Lovington, New Mexico 88260
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 22 14-S 33-E	Yes 4-1-84
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-40	

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. R <input type="checkbox"/>		
Date Spudded 2-5-84	Date Compl. Ready to Prod. 4-1-84	Total Depth 10,100'	P.B.T.D. 9996'
Elevations (DF, RKB, RT, GR, etc.) 4213' (GR)	Name of Producing Formation Penn	Top Oil/Gas Pay 9782'	Tubing Depth 9949'
Perforations 9834'-9970'		Depth Casing Shoe 10,100'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	540'	600
12 1/4"	8 5/8"	4200'	2000
7 7/8"	5 1/2"	10,100'	2150

VI. 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 10% of total volume of load oil for this depth or be for full 24 hours)

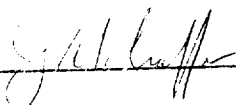
Date First New Oil Run To Tanks 3-28-84	Date of Test 4-2-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 186	Water-Bbls. 102	Gas-MCF 183

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

I. 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)
4-3-84
(Date)

OIL CONSERVATION DIVISION

APR 6 1984

APPROVED _____, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**TITLE **DISTRICT I 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 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 own 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

APR 5 1984

O.C.D.
HOBBS OFFICE