Copies ,ate District Office <u>(CT I</u> dox 1980, Hobbe, NM 88240

STRICI-II 2.0. Drawer DD, Artesia, NM 88210

## State of New Mexico Ene \_\_\_\_, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Azteo	, NM 87410	REQU	EST FO			WAB				RIZ		N						
I. Operator	ANDIN	ND NATURAL GAS																
Texaco Exploration and Production Inc.								30 025 <del>29028</del> (03(AL)										
Address P. O. Box 730	Hobbs, New	Mexico	88240	)-252	28												4	
Reason(s) for Filing (Chec					-	•	the second se		(Please ECTIVI	•								
New Well	ļ	Oil	Change in	Transp Dry G			6		ECTIVI	2 0-	1-3	•						
Recompletion L Change in Operator	ส	Casingheat	d Gas 🕅														]	
If change of operator give 1 and address of previous op	ame Toxac	o Produ				). Bo	< 730	н	obbs,	New	Me	xico	88240-2	528	<u> </u>	- <u></u>	-	
II. DESCRIPTION OF WELL AND LEASE								- Formation Kind o							Lease No.			
Lease Name CENTRAL VACUUM UNIT			Pool Name, Including			BURG SAN ANDRES				State, F STATI	ederal or Fo	857	857943					
Location	H	. 60	102 >D	Feet F	From T		est.			198	D		t From The .	Ner	++	Line		
Section	5 Township	1	85	Range	e 35	E		NM	PM,				LEA			County		
	N OF TRANS	PORTE	R OF O	IL AN	ND N	ATU	RAL GA	<u>s</u>						anna ia a- t			Ъ	
								Address (Give address to which approved c CINC Texas New Mexic										
Mobil Pipeline (		and Gas		or Dr	y Gas	<u> </u>		Jive							seni)		-1	
Name of Authorized Trans Texaco E	xploration a	nd Prod			y 💶	L					psre	6 Ma	copy of this I terai Gas	Co.GPM	Go	is Corp	<u>o</u> ratic	
If well produces oil or lique location of tanks.	uide,	Unit E	Sec. 31	Т <del>ир.</del>   175		Rge. 35E	ls gas actu	-	connecte 'ES	:d?		When		/01/79				
If this production is comm IV. COMPLETION	ingled with that fi IDATA	rom any oth	her lease or	pool, g													 	
Designate Type of	Completion -	(X)	Oil Wel	ι [ ]	Gas	∀ell	New We	i	Workov	/er	De	epen		Same Res'v		iff Res'v	4	
Date Spudded		Date Com	pl. Ready t	o Prod.	•		Total Dep	th					P.B.T.D.					
Elevations (DF, RKB, RT,	Name of P	Name of Producing Formation					Top Oil/Gas Pay					Tubing Depth						
Perforations													Depth Casing Shoe					
			TIBING	CAS	SING	AND	CEMEN		IG RE	CORJ	D		I					
HOLE SIZ	HOLE SIZE			TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT				
	· · · · · · · · · · · · · · · · · · ·						+						+				_	
	<u></u> -			. <u> </u>														
V. TEST DATA A	ND REQUES	TFOR	ALLOW	ABL	E doile	nd mus	t be equal to	o or	exceed to	op allo	wable	for thi	s depth or be	for full 24 k	OUTS.	)		
V. TEST DATA AND REQUEST FOR ADDOUTEDED OIL WELL (Test must be after recovery of total volume of load oil and must b Date First New Oil Run To Tank Date of Test								Producing Method (Flow, pump, gas lift, et										
Length of Test		Tubing Pr	ressure				Casing Pr	<b>C6F</b> U	re				Choke Size	;				
Actual Prod. During Test		Oil - Bbla	i.				Water - B	bl <b>s</b> .					Gas- MCF				1	
GAS WELL		<u> </u>					_!						,					
Actual Prod. Test - MCF	Length of Test					Bbls. Condensate/MMCF					Gravity of Condensate							
Testing Method (pilot, ba	ck pr.)	Tubing P	ressure (Sh	ut-in)			Casing Pi	CS.R.	ire (Shut	-ia)			Choke Siz	e				
VI. OPERATOR	CERTIFIC	ATE O	F COM	PLIA	ANC	E		(			ISE	RV	ATION	DIVIS	101	N		
I bereby 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.								Date Approved										
e t							11								-			
Signature K. M. Miller Div. Opers. Engr.							11	By										
Printed Name May 7,			915	Title -688-	e -483		Ті	tle										
Date			Te	lephon	e No.	_									_			

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

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.