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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico , Minerals and Natural Resources Department

d 1-1-**89** 

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator OK 30 025 24307 Texaco Exploration and Production Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Recompletion X Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator

Texaco Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee STATE Lease No. Well No. Pool Name, Including Formation Lease Name 857948 VACUUM GRAYBURG SAN ANDRES U VACUUM GRAYBURG SAN ANDRES 30 Location Feet From The WEST Feet From The SOUTH Line and \_ 2630 Line 2630 Unit Letter LEA Range 34E County 185 , NMPM, 2 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate INJECTOR Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas INJECTOR When? Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. Unit Sec Twp. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Plug Back | Same Res'v Deepen Oil Well Gas Weil Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **SACKS CEMENT DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. 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 allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure **Tubing Pressure** Length of Test Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved . By \_\_ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Div. Opers. Engr. Title Title\_

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

Printed Name

Date

May 7, 1991

- 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.

915-688-4834

Telephone No.

- 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.