

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Central Vacuum Unit	Well No. 152	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. 8-1113-1
Location Unit Letter <u>M</u> ; <u>760</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>18-S</u> Range <u>35-E</u> , NMPL, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line Co. Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221 P.O. Box 2523, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co. Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 P. O. Box 728, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 31	Twp. 17-S	Rge. 35-E	Is gas actually connected? Yes	When 7-29-80

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

III. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well ☒	Gas Well	New Well ☒	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-13-80	Date Compl. Ready to Prod. 8-4-80	Total Depth 4750'	P.B.T.D. 4720'					
Elevations (DF, RKB, RT, GR, etc.) 3992' (GR)	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay	Tubing Depth 4598'					
Perforations 4492', 4507', 18', 81', 4644', 47', 52', 56', 63', 69', 83' & 4686'							Depth Casing Shoe 4695'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16" OD 75#	360'	600					
15"	11-3/4" OD 42#	1497'	1350					
11"	8-5/8" OD 32# & 28#	2754'	750					
7-7/8"	5-1/2" OD 15.5#	4695'	1200					

IV. 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 7-29-80	Date of Test 8-4-80	Producing Method (Flow, pump, gas lift, etc.) Pumping - 1-1/2" Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 106	Water-Bbls. 26	Gas-MCF 151

GAS WELL

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

V. 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.



Assistant District Superintendent

(Title)

8-6-80

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

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 deviation 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 Form C-104 must be filed for each pool in multiple completed wells.