

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
TEXACO Inc.	
Address P. O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico 'AE' State	Well No. 26	Pool Name, Including Formation Vacuum Abo Reef	Kind of Lease State, Federal or Fee	Lease B-1258-1
Location Unit Letter <u>E</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>18-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐ TEXACO Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 728, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 12	Twp. 18	Rge. 34	Is gas actually connected? Yes	When 10-26-83

If this production is commingled with that from any other lease or pool, give commingling order number: OT 4259

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'tv. ☐	Diff. ☐
Date Spudded 8-6-83	Date Compl. Ready to Prod. 10-25-83		Total Depth 8850'		P.B.T.D. 8840'			
Elevations (DF, RKB, RT, GR, etc.) 3993' (CR)	Name of Producing Formation Abo		Top Oil/Gas Pay 3301		Tubing Depth 8711'			
Perforations 8327'-8820'					Depth Casing Shoe 8850'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		350'		500 SX.			
12 1/4"	8 5/8"		3139'		1750 SX.			
7 7/8"	5 1/2"		8850'		1300 SX.			

V. 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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-21-83	Date of Test 10-26-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 4	Water-Bbls. 40	Gas-MCF 965

GAS WELL

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

VI. 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.

(Title)

10-27-83

(Date)

OIL CONSERVATION DIVISION

OCT 28 1983

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 oil
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multi-
completed wells.