

## OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Azusa, NM 88210

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

DISTRICT III  
1000 Rio Bonito Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>TEXACO PRODUCING, INC.</b>		Well APN No. <b>30-025-29988-0000</b>
Address <b>P.O. BOX 730, HOBBS, NM 88240</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <b>Aug 1989</b>		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Request to sell test oil <b>736 bbls</b>
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NM "Z" STATE TN COM.</b>	Well No. <b>1</b>	Pool Name, including Formation <b>UNDESIGNATED Penn</b>	Kind of Lease State, Federal or Fee	Lease No. <b>B-3011</b>
Location Unit Letter <b>C</b> : <b>660</b> Feet From The <b>North</b> Line and <b>2200</b> Feet From The <b>West</b> Line Section <b>2</b> Township <b>18-S</b> Range <b>34-E</b> , <b>NMPM</b> 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"/> <b>TEXACO TRADING &amp; TRANSPORTATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 6196, MIDLAND, TX</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>TEXACO INC.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 730, HOBBS, NM</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>2</b>
	Twp. <b>18S</b>	Rge. <b>34E</b>
	Is gas actually connected? <b>Yes</b>	
	When? <b>10/14/87</b>	

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <b>6/13/89</b>	Date Compl. Ready to Prod. <b>On Test</b>		Total Depth <b>12,200</b>		P.B.T.D. <b>11,435</b>			
Elevations (D.F., R.C.B., RT, GR, etc.) <b>4036' KB</b>	Name of Producing Formation <b>UNDESIGNATED Penn</b>		Top Oil/Gas Pay <b>10,764</b>		Tubing Depth <b>10,652</b>			
Performances <b>10,764-800'</b>					Depth Casing Shoe <b>12,200</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>24"</b>	<b>20"</b>		<b>413'</b>		<b>900 SXS</b>			
<b>18.5</b>	<b>16</b>		<b>1581</b>		<b>1250</b>			
<b>14.75 &amp; 12.25</b>	<b>9 5/8</b>		<b>5237</b>		<b>3500</b>			
<b>8.75</b>	<b>5 1/2</b>		<b>12,200</b>		<b>3150</b>			

#### 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 allowable for this depth or be for full 24 hours.)

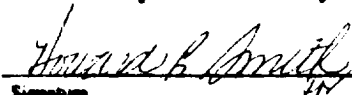
Date First New Oil Run To Tank <b>7/11/89</b>	Date of Test <b>7/11-8/1</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Swab</b>	
Length of Test <b>22 days</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>736</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>4700</b>

#### 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

#### VI. OPERATOR 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  
**Howard Smith** Area Superintendent  
Printed Name  
**8/1/89** **393-4031**  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved **AUG 2 1989**  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
Title

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.