

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

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

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

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

I.

Operator Texaco Producing Inc.	Well API No. 30-025-30755
Address P.O. Box 730, Hobbs, NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vacuum Grayburg San Andres Unit	Well No. 139	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. 857948
Location				
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1282</u> Feet From The <u>East</u> Line				
Section <u>2</u> Township <u>18-S</u> Range <u>34-E</u> , NMPM, 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"/> Texaco New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 18S	Rge. 34E	Is gas actually connected? Yes	When? 03-11-90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02-24-90	Date Compl. Ready to Prod. 03-15-90		Total Depth 5000'		P.B.T.D. 4900'			
Elevations (DF, RKB, RT, GR, etc.) GR 4006'	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 4750'		Tubing Depth 4821'			
Performations 4750-4806' 56 holes, 2 JSPF					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		1570'		C1 H 856 sx Cir 15 sx			
8-3/4"	7"		5000'		C1 H 1200 sx Cir 15 sx			
	2-7/8"		4821'					

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 03-11-90	Date of Test 03-17-90	Producing Method (Flow, pump, gas lift, etc.) Pump 2-1/2" X 1-3/4" X 22'	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 285	Water - Bbls. 97	Gas - MCF 48

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 J. A. Head Area Manager
Printed Name J. A. Head Title
Date 04-18-90 Telephone No. (505) 393-7191

OIL CONSERVATION DIVISION

APR 30 1990
Date Approved APR 30 1990
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.