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

Energy, Minerals and Natural Resources Department

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

**ULL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Texaco Producing Inc.  |                                  |               |             |                                     |  |  |   | 30-025-30917                          |                 |            |  |
|--|----------------------------------|---------------|-------------|-------------------------------------|--|--|---|---------------------------------------|-----------------|------------|--|
| Address P.O. Box 730, Hobbs,   | NM :                             | 88240         |             |                                     | -  |  |   |                                       |                 |            |  |
| Reason(s) for Filing (Check proper box)  | IVFI (                           | 30240         |             |                                     | Other  | (Please expla  | un)                                     |                                       |                 |            |  |
| New Well   |                                  | Change in     | Transport   | er of:                              |  |  |   |                                       |                 |            |  |
| Recompletion   | Oil                              |               | Dry Gas     |                                     | _  |  |   |                                       |                 |            |  |
| Change in Operator   | Casinghe                         | ad Gas        | Condens     | nte 📗                               |  |  |   |                                       |                 |            |  |
| If change of operator give name<br>and address or previous operator  |                                  |               | <del></del> |                                     |  |  |   | · · · · · · · · · · · · · · · · · · · |                 |            |  |
| II. DESCRIPTION OF WELL A  | ND LE                            |               |             |                                     |  |  |   |                                       |                 |            |  |
| Vacuum Graybu<br>San Andres Ur   | arg Well No. Pool Name, Includin |               |             | rayburg San Andres Kind of State, I |  |  | f Lesse Lesse No. Federal or Fee 857948 |                                       |                 |            |  |
| Location   |                                  |               |             |                                     |  |  |   |                                       | _               |            |  |
| Unit LetterG   | :                                | 1390          | _ Feet Prot | n The                               | North Line   | and19  | 80 Fe                                   | et From The _                         | East            | Line       |  |
| Section 1 Township   | 1                                | 8-S           | Range       | 34-                                 | -E , NMI   | PM,  | Le                                      | a                                     |                 | County     |  |
| III. DESIGNATION OF TRANS  | SPORTI                           | ER OF O       | IL AND      | NATU                                | RAL GAS  | _  |   |                                       |                 |            |  |
| Name of Authorized Transporter of Oil  |                                  |               |             |                                     |  | Address (Give address to which approved copy of this form is to be sent) |   |                                       |                 |            |  |
| Texas New Mexico Pi  | New Mexico Pipe Line Co.         |               |             |                                     | P.O. Box 2528, Hobbs, NM 88240   |  |   |                                       |                 |            |  |
| Name of Authorized Transporter of Casinghead Gas XX or Dry Gas   |                                  |               |             |                                     | Address (Give address to which approved copy of this form is to be sent) |  |   |                                       |                 |            |  |
| Texaco Producing Inc   | co Producing Inc.                |               |             | P.O. Box 425, Lov                   |  |  |   | ington, NM 88260                      |                 |            |  |
| If well produces oil or liquids,   | Unit                             | Sec.          | Twp         |                                     | is gas actually connected?   |  | When                                    | Vhen ?                                |                 |            |  |
| give location of tanks.  | F                                | 2             | 185         | 34E                                 | ·····  | es   |   | 08-29                                 | 9-90            |            |  |
| If this production is commingled with that f IV. COMPLETION DATA   | rom any of                       | her lease or  | pool, give  | commingi                            |  |  |   |                                       |                 |            |  |
| Designate Type of Completion -   | (X)                              | Oil Well      | l   Ga<br>1 | ıs Well                             | New Well   X   | Workover   | Deepen                                  | Piug Back                             | Same Resiv<br>  | Diff Res'v |  |
| Date Spudded   |                                  | ipi. Ready to | o Prod.     |                                     | Total Depth  |  | <del>1</del>                            | P.B.T.D.                              | L               |            |  |
| 08-03-90   | 0                                | 8-30-9        | 0           |                                     | 5000'  |  |   | 4798'                                 |                 |            |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of                          | Producing F   | omstion     |                                     | Top Oil/Gas Pay  |  |   | Tubing Depth                          |                 |            |  |
| GR 3991' KB 4004'  | Grayburg San Andres              |               |             | 4137'                               |  |  | 4676'                                   |                                       |                 |            |  |
|  |                                  |               |             |                                     | 2' 2 JSPI  | F-98 hol   | les,                                    | Depth Casin                           | g Shoe          |            |  |
| 4479-4682' 2 .   |                                  | 16 hol        |             | CAND                                | CTA (EXECUTE)  | C RECOR  | <u> </u>                                |                                       |                 |            |  |
|  | TUBING, CASING AND               |               |             | DEPTH SET                           |  |  | SACKS CEMENT                            |                                       |                 |            |  |
| HOLE SIZE<br>17-1/2"   | CASING & TUBING SIZE 13-3/8"     |               |             | <u> </u>                            | 1550'  |  |   | C1 H 1700 sx Cir 250 sp               |                 |            |  |
| 12-1/4"  | 9-5/8"                           |               |             | 2800'                               |  |  | C1 H 1570 sx Cir 270 sp                 |                                       |                 |            |  |
| 12-1/4   | 8/د_9                            |               |             | 2800                                |  |  | DV Tool @ 1597'                         |                                       |                 |            |  |
| 8-3/4"   | 7''                              |               |             |                                     | 5000'  |  |   | C1 H 850 sx Cir 36 sx                 |                 |            |  |
| V. TEST DATA AND REQUES  | T FOR                            | ALLOW         | ABLE        | <u>.</u>                            | ·  |  |   |                                       | <del></del>     |            |  |
| OIL WELL (Test must be after re  | covery of                        | iotal volume  | of load or  | l and must                          | be equal to or e   | xceed top allo   | owable for thi                          | s depth or be j                       | for full 24 hou | F3.)       |  |
| Date First New Oil Run To Tank   | Date of Test                     |               |             |                                     | Producing Met  | nod (Flow, pu  | omp, gas lift, d                        | uc.)                                  |                 |            |  |
| 08-29-90   | 09-06-90                         |               |             |                                     | Sub pump   |  |   |                                       |                 |            |  |
| Length of Test   | Tubing Pressure                  |               |             |                                     | Casing Pressure  |  |   | Choke Size                            | Choke Size      |            |  |
| 24 hrs   |                                  |               |             |                                     |  |  |   |                                       |                 |            |  |
| Actual Prod. During Test   | Oil - Bbls.                      |               |             |                                     | Water - Bbls.  |  |   | Gas- MCF                              |                 |            |  |
|  | ·                                |               | 671         |                                     |  | 32   |   |                                       |                 |            |  |
| GAS WELL   |                                  |               |             |                                     |  |  |   |                                       |                 |            |  |
| Actual Prod. Test - MCF/D  | Length of Test                   |               |             |                                     | Bbls. Condensate/MMCF  |  |   | Gravity of Condensate                 |                 |            |  |
| The state of the s | Tubing Pressure (Shut-in)        |               |             | Casing Pressure                     | e (Shut-in)  | <del></del>  | Choke Size                              | Choke Size                            |                 |            |  |
| Testing Method (pitot, back pr.)   | Thomas Pressure (Show-m)         |               |             |                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                  |  |   |                                       |                 |            |  |
| VL OPERATOR CERTIFIC   | ATE O                            | F COMI        | PLIAN       | CE                                  |  | ^^*  | ICEDY                                   | ATION                                 | רואטוס          |            |  |
| I hereby certify that the rules and regula   |                                  |               |             |                                     |  | IL CON   | NOEH V                                  | ATION                                 | DIVIDIO         | אוכ        |  |
| Division have been complied with and t   |                                  |               | ren above   |                                     |  |  |   | C. C. C                               | ( ) ( )         | A .        |  |
| is true and complete to the best of my k   | nomieage                         | and belief.   |             |                                     | Date   | Approve  |   |                                       | 1. 6. [1.       | . 17       |  |
| Richard Partito  |                                  |               |             |                                     | Orig. Signed by  |  |   |                                       |                 |            |  |
| Signature  |                                  |               |             |                                     | By Paul Kautz Geologist  |  |   |                                       |                 |            |  |
| R. B. DeSoto Engineering Technician  Printed Name  Title   |                                  |               |             |                                     |  |  | S. Marin                                |                                       |                 |            |  |
| Printed Name<br>09-28-90 (   | 505)                             | 393-719       |             |                                     | Title_   |  |   |                                       |                 |            |  |
| Date .   |                                  |               | ephone No   |                                     |  |  |   |                                       |                 |            |  |
|  |                                  |               | •           |                                     | 11   |  |   |                                       |                 |            |  |

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.