

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

Operator Texaco Exploration and Production Inc.		Well API No. 30-025-31129
Address P.O. Box 730 Hobbs, New Mexico 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 New Mexico "R" State NCT-1	Well No. 12	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease (State) Federal or Fee	Lease No. B-1306
Location Unit Letter B : 660 Feet From The North Line and 2135 Feet From The East Line Section 6 Township 18S Range 35E, 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"/> Texas New Mexico Pipeline Company	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Exploration and Production Inc.	Address (Give address to which approved copy of this form is to be sent) West Star Route Box 425 Lovington, N.M. 88260					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 6	Twp. 18S	Rge. 35E	Is gas actually connected? Yes	When ? 06-28-91

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 02-17-91	Date Compl. Ready to Prod. 06-28-91		Total Depth 6205		P.B.T.D. 6135			
Elevations (DF, RKB, RT, GR, etc.) GR-3967	Name of Producing Formation Glorieta		Top Oil/Gas Pay 5884		Tubing Depth 5895			
Perforations 5884-5908 : 84 holes					Depth Casing Shoe 6205			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	11 3/4	1547	1400 sx (circ)
11	8 5/8	3000	950 sx (circ)
7 7/8	5 1/2	6205	1330 sx (circ)

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 04-12-91	Date of Test 07-01-91	Producing Method (Flow, pump, gas lift, etc.) Pumping 2.5 X 1.5 x 24	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1108 GOR	Oil - Bbls. 65	Water - Bbls. 261	Gas- MCF 72

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.

Richard DeSoto
Signature
Richard DeSoto Engineer's Assistant
Printed Name
07-24-91 Title
393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 07-01-91
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.