

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

En: , Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC.		Well API No. 30-025-31991	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address  
of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCLUDE  
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO AB STATE	Well No. 10	Pool Name, Including Formation VACUUM DRINKARD R-9937	Kind of Lease State, Federal or Fee STATE	Lease No. B-1031
Location Unit Letter J : 2310 Feet From The SOUTH Line and 2110 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 TEXAS NEW MEXICO PIPELINE CO.		Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	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 TEXACO E & P INC.		Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137 EUNICE, NEW MEXICO 88231	
If Well Produces oil or liquids, give locaton of tanks	Unit P	Sec. 1	Twp. 18S	Rge. 34E
Is gas actually connected?			When?	
YES			12/15/93	

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

CTB-374

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 11/10/93	Date Compl. Ready to Prod. 12/24/93		Total Depth 8200'		P.B.T.D. 8155'			
Elevations (DF, RKB, RT, GR, etc.) GR-3975'; KB-3989'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7757'		Tubing Depth 7940'			
Perforations 7757-7766, 7772, 7778, 7793-7797, 7800-7814, 7817, 7820-7828, 7832-7836, 7850-7873, 7878-7888, 7894-7903, 7908; 2 JSPF, 170 HOLES					Depth Casing Shoe 8200'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1495'		650 SXS (CIRC 80 SX)			
7 7/8"	5 1/2"		8200'		2195 SX (CIR 199 SX)			
					DV TOOL @ 5016'			

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 a full 24 hours.)

Date First New Oil Run To Tank 12-15-93	Date of Test 1-1-94	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 710 GOR	Oil - Bbls. 259	Water - Bbls. 44	Gas - MCF 184

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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  
Monte C. Duncan Engr Asst

Printed Name  
1/10/94 Title  
397-0418

Date  
Telephone No.

OIL CONSERVATION DIVISION

JAN 14 1994

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

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 IV for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.