

OIL CONSERVATION DIVISION

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

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

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. 30-025-31992
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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R10091

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "L" STATE	Well No. 12	Pool Name, Including Formation VACUUM DRINKARD <u>411/94</u>	Kind of Lease State, Federal or Fee STATE	Lease No. B-1733
Location Unit Letter <u>H</u> : <u>1880</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>1</u> Township <u>18-S</u> Range <u>34-E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEX-NEW MEX PIPELINE CO <input checked="" type="checkbox"/>	or 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 Casinghead Gas TEXACO E & P INC. <input checked="" type="checkbox"/>	or 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 location of tanks.	Unit P	Sec. 1	Twp. 18S	Rge. 34E	Is gas actually connected? YES	When? 8-21-93

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 7-24-93	Date Compl. Ready to Prod. 8-20-93		Total Depth 8000'		P.B.T.D. 7966'			
Elevations (DF, RKB, RT, GR, etc.) GR-3983', KB-3997'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7540'		Tubing Depth 7462'			
Perforations 7540'-7931' (2 JSPF, 410 HOLES)					Depth Casing Shoe 8000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1476'		SACKS CEMENT 650 SXS (CIRC 112 SX)			
7 7/8"	5 1/2"		8000'		1925 SXS, (CIRC 29 SX)			
					TOC, TS @ 1800'			
					DV TOOL @ 5022'			

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 8-21-93	Date of Test 8-24-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 400 PSI	Casing Pressure	Choke Size 8/64
Actual Prod. During Test 649 GOR	Oil - Bbls. 539	Water - Bbls. 20	Gas - MCF 350

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
MONTE C. DUNCAN ENGR. ASST.
Printed Name
9-2-93 Title
393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 07 1993

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.

RECEIVED
SEP 0 1963
OCD HOUSE
OFFICE