

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**

I.

Operator TEXACO EXPLORATION AND PRODUCTION INC.		Well API No. 30-025-32007
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.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO "L" STATE	Well No. 13	Pool Name, Including Formation VACUUM DRINKARD R10091	Kind of Lease State, Federal or Fee STATE	Lease No. B-1733
Location				
Unit Letter G : 1780 Feet From The NORTH Line and 1980 Feet From The EAST Line				
Section 1 Township 18-S Range 34-E, NMPM, LEA 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? 10-21-93

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 9-16-93	Date Compl. Ready to Prod. 10-21-93		Total Depth 7990'		P.B.T.D. 7970'			
Elevations (DF, RKB, RT, GR, etc.) GR-3989', KB-4003'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7588'		Tubing Depth 7925'			
Perforations 7588'-7877' (2 JSPF, 192 HOLES)					Depth Casing Shoe 7990'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1470'		SACKS CEMENT 650 SXS (CIRC 200 SX)			
7 7/8"	5 1/2"		7990'		1785 SXS, (CIRC 185 SX)			
					DV TOOL @ 5030'			

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 10-13-93	Date of Test 10-28-93	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 789 GOR	Oil - Bbls. 71	Water - Bbls. 7	Gas- MCF 56

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
11-5-93 Title
393-7191

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 18 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.