

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

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. 30-025-32016
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 <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 "M" STATE	Well No. 9	Pool Name, Including Formation VACUUM DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-1060
Location Unit Letter C : 660 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 1 Township 18S Range 34E NMPM LEA COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of TEX-NEW MEX 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 3000 TULSA, OKLAHOMA 74102-3000	
If Well Produces oil or liquids, give location of tanks	Unit P	Sec. 1	Twp. 18S	Rge. 34E
Is gas actually connected? YES			When? 2/16/94	

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 1/25/94	Date Compl. Ready to Prod. 2/15/94		Total Depth 8100'		P.B.T.D. 8053'			
Elevations (DF, RKB, RT, GR, etc.) GR-3994', KB-4008'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7530'		Tubing Depth 7454'			
Perforations 7530' - 7858'; 2 JSPF, 216 HOLES					Depth Casing Shoe 8100'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING and TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	1470'	650 SX (CIRC 90 SX)
7 7/8"	5 1/2"	8100'	1825 SX (CIRC 280 SX)

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.)

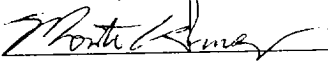
Date First New Oil Run To Tank 2/16/94	Date of Test 2-21-94	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 30	Casing Pressure	Choke Size 48/64
Actual Prod. During Test 149	Oil - Bbls. 149	Water - Bbls. 0	Gas - MCF 48

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
3/1/94 Title
397-0418

Date
3/1/94 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 10 1994**

By

Title **ORIGINAL SIGNED BY JERRY SEXTON**
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 VI for changes in 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.