

IL CONSERVATION DIVISION

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

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. 30-025-32018
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 "R" STATE NCT-1	Well No. 14	Pool Name, Including Formation VACUUM DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-1306
Location Unit Letter B : 860 Feet From The NORTH Line and 2000 Feet From The EAST Line Section 6 Township 18-S Range 35-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? 9-8-93

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 8-10-93	Date Compl. Ready to Prod. 9-7-93		Total Depth 8150'		P.B.T.D. 8130'			
Elevations (DF, RKB, RT, GR, etc.) GR-3975', KB-3989'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7572'		Tubing Depth 7495'			
Perforations 7572' - 8101'; 2 JSPF, 386 HOLES					Depth Casing Shoe 8150'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1455'		SACKS CEMENT 650 SX (CIRC 170 SX)			
7 7/8"	5 1/2"		8150'		2800 SX (TOC @ 1550')			
					DV @ 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 9-8-93	Date of Test 9-10-93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 950 GOR	Oil - Bbls. 400	Water - Bbls. 92	Gas- MCF 380

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
9-20-93 Title
393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 23 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.