Submi : 5 cop to Appropriat District Offic	ics c e	Eaerg
DISTRICT P.O. Box 1	OIL	
DISTRICT	rawer DD, Artesia, NM 88210	REQU
l.		
Cperator	TEXACO EXPLORATION & F	RODUC
Address	P.O. BOX 730, HOBBS, NM	88240
		. In Teanan

State of New Mexico

gy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

UEST FOR ALLOWABLE AND AUTHORIZATION TO TRA. ISPORT OIL AND NATURAL GAS

Cperator					W	ell API No.			
	ION & PRODUCTION INC.		<u></u>			3	80-025-20235		
Address P.O. BOX 730, HOBB	S, NM 88240								
New Well	Change in Transporter of:		Cother (Please explain)						
Recompletion	oil 🛄	Dry Gas		CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY					
Change in Operator	Casinghead Gas	ghead Gas 🛛 Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL AND L	FASE						······		
Lease Name		ol Name, Includ	ding Formation		Kind	of Lease State, Fede	eration Fee Lease	No.	
VACUUM GLORIETA WEST UNIT	33 VA	CUUM GLORI	ETA		ST	ATE		B-270	
Location Unit Letter L	: 1650 Feet Fi	rom The S	OUTH Lin	and 660	Feet	From The V	VEST	ine	
Section <u>25</u>	Township <u>17S</u>		Range	<u>34E</u>					
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS							
Name of Authorized Transporter of	Oil 🛛 Con	ndensate 🗌	Address (Give	address to w	hich approved o	copy of this for	m is to be sent)		
Texas NM Pipeline	Casinghead Gas 🕅		· · · · · · · · · · · · · · · · · · ·		lew Mexico 88				
Name of Authorized Transporter of Texaco E & P Inc/GPM Gas Corp.	Casinghead Gas 🔀	Dry Gas 🔝			••		m is to be sent) . Odessa, TX	70762	
If Well Produces oi! or '.quids,	Unit Sec. Twp.	Rge.	Is gas actua				. Ouessa, 1X	3102	
give location of tanks	C 33 17S	34E	YES			6/4/	63		
If this production is commingled with the IV. COMPLETION DATA	at from any other lease or pool, giv	e commingling	g order number		<u> </u>				
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth	·	·	P.B.T.D	4	+	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1	Top Oil/Gas	Pay		Tubing Depth	 I		
Perforations	Depth Casing Shoe								
	TUBING, CAS	SING AND	CEMENTIN		RD				
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT			
	· · · · · · · · · · · · · · · · · · ·								
				········			·		
		·							
	er recovery of total volume of loa	ad oil and mu					or be a full 24 h	ours.)	
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, p	ump, gas lift, etc	c.)			
Length of Test	Tubing Pressure		Casing Press	ure		Choke Size			
Actual Prod. During Test	Qʻl - Bbis.		Water - Bbls.			Gas - MCF			
GAS WELL			<u> </u>		<u> </u>	_ <u></u>			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tub∴.g Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF	COMPLIANCE								
I hereby certify that the rules and regulations Division have been compiled with and that the is true and complete to the best of my knowle	e information given above			011_ C	ONSERV	ΆΤΙΟΝ [DIVISION		
Moth Ama - Signature			Data	Approved		MAR	03 1994		
Monte C. Duncan		••				- <u></u>			
Printed Name Title 3/1/94 397-0418			By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title						
Date	Telephone No.								
			11						

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) Sepreate Form 0-104 must be flet for each until in multiply completed yiells.

DeSoto/Nichols 12-93 Ver 1 0