

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.	30-025-20237
Address	P.O. BOX 730, HOBBS, NM 88240		
New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/> Condensate
CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY			

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
VACUUM GLORIETA WEST UNIT	101	VACUUM GLORIETA	STATE	B-155
Location				
Unit Letter	O	600	Feet From The	SOUTH
		Line and	1900	Feet From The
				EAST
				Line
Section	36	Township	17S	Range
				34E
				NMPM
				LEA COUNTY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of	Oil	<input checked="" type="checkbox"/>	Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas NM Pipeline					PO Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of	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)
Texaco E&P Inc./GPM Gas Corp.					PO Box 3000, Tulsa, OK 74102/4044 Penbrook Av., Odessa, TX 79762
If Well Produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?
	C	36	17S	34E	YES
					When?
					11/23/63

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	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.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
Darrell J. Carriger
Engineering Assistant
Printed Name
3/3/94
Title
397-0431
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
MAR 07 1994
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 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.