

OIL 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. 30-025-20274 |
| 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 type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>1-23-94</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. |
| Recompletion <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Operator <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 "O" STATE | Well No. 18 | Pool Name, Including Formation VACUUM DRINKARD <u>R-10081</u> | Kind of Lease State, Federal or Fee STATE | Lease No. B-155-1 |
| Location Unit Letter <u>H</u> : <u>1880</u> Feet From The <u>NORTH</u> Line and <u>560</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>17-S</u> Range <u>34-E</u> , 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit O | Sec. 25 | Twp. 17S | Rge. 34E | Is gas actually connected? NO | When ? |
| 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 | Workover | Deepen | Plug Back X | Same Res'v | Diff Res'v X |
| Date Spudded 5-9-63 | Date Compl. Ready to Prod. 7-25-93 | | Total Depth 11,510' | | P.B.T.D. 9425' | | | |
| Elevations (DF, RKB, RT, GR, etc.) DF-4005' | Name of Producing Formation DRINKARD | | Top Oil/Gas Pay 7535' | | Tubing Depth -- | | | |
| Perforations 7585-87, 7603-06, 7492-96, 7520-26, 7538-42, 7546-50 (29 FT-58 HLES) | | | | | Depth Casing Shoe 11510' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13 3/8" | | 1534' | | 1200 SXS TOC @ SURF | | | |
| 12 1/4" | 9 5/8" | | 4796' | | 1700 SX TOC 2600, SURF | | | |
| ABO-GLOR 8 3/4" | 2 7/8" | | 11508' | | 2200 SXS | | | |
| WOLFCAMP 8 3/4" | 2 7/8" | | 10801' | | TOC @ 4300 & 5817 | | | |

V. UPPER PENN 8 3/4" 2 7/8" 11508'
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 7-26-93 | Date of Test 11-15-93 | Producing Method (Flow, pump, gas lift, etc.) FLOWING | |
| Length of Test 24 HOURS | Tubing Pressure 10 PSI | Casing Pressure | Choke Size |
| Actual Prod. During Test 30 | Oil - Bbls. 30 | Water - Bbls. 0 | Gas- MCF 0 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MNCF | 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
MONTE C. DUNCAN ENGR. ASST.
Printed Name
11-16-93 Title
393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 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.