

**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**

I.

Operator TEXACO EXPLORATION & PRODUCTION INC.		Well API No. 30-025-21432
Address P.O. BOX 730, HOBBS, NM 88240		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)	CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 VACUUM GLORIETA WEST UNIT	Well No. 61	Pool Name, Including Formation VACUUM GLORIETA	Kind of Lease State, Federal or Fee STATE	Lease No. B-1565
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>760</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of TEXAS NM PIPELINE	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/GPM GAS CORP.	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, OK 74102/4044 Penbrook Av Odessa, TX 79762				
If Well Produces oil or liquids, give location of tanks	Unit C	Sec. 36	Twp. 17S	Rge. 34E	Is gas actually connected? YES	When? 10/1/89

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

Morrie C. Duncan

Engr Asst

Printed Name

3/1/94

Title

397-0418

Date

Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAR 03 1994

By ORIGINAL SIGNED BY JERRY SEXTON  
Title 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.