

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.	30-025-30206
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	<input type="checkbox"/> CHANGE OF BATTERY LOCATION TO CENTRAL BATTERY
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	Well No.	Pool Name, Including Formation	Kind of Lease State Federal or Fee	Lease No.
VACUUM GLORIETA WEST UNIT	88	VACUUM GLORIETA	STATE	B-155
Location	Unit Letter <u>J</u> <u>1653</u> Feet From The <u>SOUTH</u> Line and <u>2309</u> Feet From The <u>EAST</u> Line			
	Section <u>36</u> Township <u>17S</u> Range <u>34E</u> NM: <u>M</u> 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, Hobb, 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 <u>C</u>	Sec. <u>36</u>	Twp. <u>17S</u>	Rge. <u>34E</u>	Is gas actually connected? <u>YES</u>	When? <u>4/1/88</u>

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	Title
3/3/94	397-0431
Date	Telephone No.

OIL CONSERVATION DIVISION

MAR 07 1994

Date Approved

By

Title

ORIGINAL SIGNED BY JERRY SEXTON
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.