

DISTRICT II
P.O. 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 Producing, Inc.		Well API No. 30-025-30641
Address P.O. Box 728, Hobbs, N.M. 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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 THE OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal (USA) "L"	Well No. 2	Pool Name, Including Formation Tonto Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. NM-56749
Location Unit Letter F : 2310 Feet From The North Line and 2210 Feet From The West Line Section 14 Township 19 S Range 33 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Texas 79711					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79711					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 14	Twp. 19S	Rge. 33E	Is gas actually connected? Yes	When? 8-10-89

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-19-89	Date Compl. Ready to Prod. 8-12-89		Total Depth 3867'		P.B.T.D. 3783'			
Elevations (DF, RKB, RT, GR, etc.) 3679' GR	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3679'		Tubing Depth 3673'			
Perforations 3679-3688' & 3697-3710' (24 holes)					Depth Casing Shoe 3867'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1507'		1000 (Circ. 180sx)			
7-7/8"	5-1/2"		3867'		800 (Circ. 70sx)			

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 for full 24 hours.)

Date First New Oil Run To Tank 8-12-89	Date of Test 8-13-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 125 BF	Oil - Bbls. 120	Water - Bbls. 5	Gas - MCF 56

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 furnished is true and complete to the best of my knowledge and belief.

Signature J. A. Head / JES
J. A. Head Area Manager
Printed Name
8-14-89 505-397-3571
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 17 1989

Date Approved _____

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.