

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. 30-025-30685
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal USA "L"	Well No. 3	Pool Name, including Formation Tonto Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. NM-56749
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1675</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>19S</u> Range <u>33E</u> , <u>NMPM</u> , <u>Lea</u> 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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79711					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 14	Twp. 19S	Rge. 33E	Is gas actually connected? No	When? 11-25-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-26-89	Date Compl. Ready to Prod. 11-20-89		Total Depth 4450'		P.B.T.D. 4060'			
Elevations (DF, RKB, RT, GR, etc.) 3687' GR	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3701'		Tubing Depth 3720'			
Perforations 3701-3718					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 1507'	SACKS CEMENT 1200 Cir.
7-7/8"	5-1/2"	4450'	1000 Cir.

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 11-21-89	Date of Test 11-26-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 29	Water - Bbls. 25	Gas- MCF 33.3

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 given above is true and complete to the best of my knowledge and belief.

Signature J. A. Head
J. A. Head Area Manager
Printed Name
12-14-89 Title
Date (505) 393-7191
Telephone No.

OIL CONSERVATION DIVISION
DEC 20 1989

Date Approved
By Paul Kautz
Orig. Signed by
Geologist
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.