

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

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 Producing Inc.		Well API No. 30-025-30967
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input 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 New Mexico "N" State	Well No. 10	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee	Lease No. B-1722-1
Location Unit Letter M : 990 Feet From The South Line and 895 Feet From The West Line Section 30 Township 17-S Range 35-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"/> Texas New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 425, Lovington, NM 88260					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 17S	Rge. 39E	Is gas actually connected? Yes	When? 01-25-91

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 12-30-90	Date Compl. Ready to Prod. 05-04-91		Total Depth 6320'		P.B.T.D. 6030'			
Elevations (DF, RKB, RT, GR, etc.) GR 3990', KB 4003'	Name of Producing Formation Vacuum Glorieta		Top Oil/Gas Pay 5968'		Tubing Depth 6021'			
Performances 5968-74, 5979, 5988-90, 5998, 6004-08, 6017-20' 68 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		1550'		1200 sx, Cir 175 sx			
11"	8-5/8"		3000'		850 sx, Cir 150 sx			
7-7/8"	5-1/2"		6320'		1200 sx, Cir 125 sx			
					DV Tool @ 5009'			

### 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 01-25-91	Date of Test 05-19-91	Producing Method (Flow, pump, gas lift, etc.) Pump 2.5 X 1.5 X 24	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 1	Water - Bbls. 12	Gas - MCF 72

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, 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  
Richard B. DeSoto  
Printed Name  
R. B. DeSoto  
Date  
06-13-91  
Title  
Engineering Technician  
(505) 393-7191  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUN 21 1991  
By ORAL HINDS JR. JERRY SEXTON  
Title 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 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.

RECEIVED

JUN 20 1991

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