

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Producing Inc.	Well API No. 30-025-30968
Address P.O. Box 730, Hobbs, NM 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "O" State NCT-1	Well No. 32	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee	Lease No. 548570
Location				
Unit Letter G	: 2310	Feet From The North	Line and 1900	Feet From The East
Section 36	Township 17S	Range 34E	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Co.	P.O. Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texaco Inc.	P.O. Box 425, Lovington, NM 88260					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 17S	Rge. 34E	Is gas actually connected? Yes	When? 01-30-91

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-29-90	Date Compl. Ready to Prod. 01-30-91	Total Depth 6300'	P.B.T.D. 6250'					
Elevations (DF, RKB, RT, GR, etc.) GR-4001', KB-4014'	Name of Producing Formation Lower Paddock	Top Oil/Gas Pay 6142'	Tubing Depth 6194'					
Perforations 6142-70, 6182-90, 2 JSPF, 72 Holes			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11-3/4"	1537'	C1 H 1200 sx Cir 150
11"	8-3/4"	2963'	C1 H 1110 sx Cir 200
7-7/8"	5-1/2"	6300'	DV Tool @ 1568'
			C1 H 1245 sx Cir 80

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 12-28-90	Date of Test 02-15-91	Producing Method (Flow, pump, gas lift, etc.) 2-1/2X1-1/2X24 Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 72	Water - Bbls. 26	Gas- MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
R. B. DeSoto Engineering Technician
Printed Name
03-06-91
Date
(505) 393-7191
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
MAR 11 1991
By
Paul Kautz
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.