

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. 30-025-30971
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 State "BA"	Well No. 13	Pool Name, including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee	Lease No. 744880
Location				
Unit Letter C	: 990	Feet From The North	Line and 1880	Feet From The West
Section 36	Township 17-S	Range 34-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 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 C	Sec. 36
	Twp. 17S	Rge. 34E
	Is gas actually connected? Yes	When? 04-04-91

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 10-25-91	Date Compl. Ready to Prod. 04-04-91		Total Depth 6270'		P.B.T.D. 6040'			
Elevations (DF, RKB, RT, GR, etc.) 4003' GR, 4016' KB	Name of Producing Formation Glorieta		Top Oil/Gas Pay 5887'		Tubing Depth 6002'			
Perforations 5887-91, 5895-98, 5900-07, 5912-14, 5924-27, 5932-45 (64 Holes) 5990-6020' (60 Holes)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14-3/4"	CASING & TUBING SIZE 11-3/4"		DEPTH SET 1550'		SACKS CEMENT 1200 sx - Cir 15 sx			
11"	8-5/8"		3000'		850 sx - Cir 150 sx			
7-7/8"	5-1/2"		6270'		1200 sx - Cir 185 sx			

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 11-19-90	Date of Test 04-09-91	Producing Method (Flow, pump, gas lift, etc.) Pumping 1.5 X 2.5 X 24	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 54	Gas - MCF 28

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

Richard DeSoto
Signature
R. B. DeSoto Engineering Technician
Printed Name
04/22/91 (505) 393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 26 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.