

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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

I.

Operator	TEXACO EXPLORATION & PRODUCTION INC.			Well API No.	30-025-32270
Address	P.O. BOX 730, HOBBS, NM 88240				
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)		
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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
VACUUM GLORIETA WEST UNIT	70	VACUUM GLORIETA	STATE	B-3196
Location				
Unit Letter <u>G</u> : <u>2008</u> Feet From The <u>NORTH</u> Line and <u>1668</u> Feet From The <u>EAST</u> Line				
Section <u>35</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of	Oil <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
TEXAS NEW MEXICO PIPELINE COMPANY			P.O. BOX 2528 HOBBS, NEW MEXICO 88240			
Name of Authorized Transporter of	Casinghead Gas <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
TEXACO E & P INC.			P.O. BOX 1137 EUNICE, NEW MEXICO 88231			
If Well Produces oil or liquids, give location of tanks	Unit C	Sec. 36	Twp. 17S	Rge. 34E	Is gas actually connected? YES	When? 1/27/94

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 1/4/94	Date Compl. Ready to Prod. 1/26/94		Total Depth 6320'		P.B.T.D 6245'			
Elevations (DF, RKB, RT, GR, etc.) GR-4012', KB-4026'	Name of Producing Formation GLORIETA		Top Oil/Gas Pay 5870'		Tubing Depth 6105'			
Perforations 5870-5875, 5880-5882, 5890-5902, 5984-5983, 5988-6008, 6058 (2 JSPF, 118 HOLES)					Depth Casing Shoe 6320'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1520'		650 SX, CIRC 210 SX			
7 7/8"	5 1/2"		6320'		1950 SX, CIRC 250 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 a full 24 hours.)

Date First New Oil Run To Tank 1/27/94	Date of Test 1-30-94	Producing Method (Flow, pump, gas lift, etc.) PUMPING 2.5 X 1.5 X 16	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 224	Oil - Bbls. 138	Water - Bbls. 86	Gas - MCF 89

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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	Engr Asst
Monte C. Duncan	
Printed Name	Title
2/4/94	397-0418
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved Feb 10 1994
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 in operator, well name or number, transporter, or other such changes
- 4) Sperate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

ICE - OBBs
OFFICE