

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.	30-025-32271
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
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address
of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	NEW MEXICO O STATE NCT-1	Well No.	34	Pool Name, Including Formation	VACUUM DRINKARD	Kind of Lease State, Federal or Fed	STATE	Lease No.	548570
Location Unit Letter P : 380 Feet From The SOUTH Line and 330 Feet From The EAST Line 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"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
TEXAS NEW MEXICO PIPELINE CO.		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 HOBBS, NEW MEXICO 88240				
If Well Produces oil or liquids, give locaton of tanks	Unit P	Sec. 1	Twp. 18S	Rge. 34E	Is gas actually connected?	When?
					YES	1/5/94

If this production is commingled with that from any other lease or pool, give commingling order number:

CTB-374

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 12/5/93	Date Compl. Ready to Prod. 1/3/94	Total Depth 8000'	P.B.T.D 7980'					
Elevations (DF, RKB, RT, GR, etc.) GR-3986', KB-4000'	Name of Producing Formation DRINKARD	Top Oil/Gas Pay 7551'	Tubing Depth 7436'					
Perforations 7551'-7872'; 2 JSPF, 294 HOLES	Depth Casing Shoe 8000'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1480'		650 SX (CIRC 100 SX)			
7 7/8"	5 1/2"		8000'		3285 SX (CIR 116 SX)			
					DV TOOL @ 5003'			

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 1/5/94	Date of Test 1/7/94	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 280	Casing Pressure	Choke Size 22/64
Actual Prod. During Test 362 GOR	Oil - Bbls. 232	Water - Bbls. 0	Gas - MCF 84

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

Monte C. Duncan

Engr Asst

Printed Name

1/17/94

Title

397-0418

Date

Telephone No.

OIL CONSERVATION DIVISION

JAN 19 1994

Date Approved

By

ORIGINAL SIGNED BY JERRY SEXTON

Title

DISTRICT I 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 IV 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.