Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Er y, Minerals and Natural Resources Department

Revised 1-1-39 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							3	0-025-	02408		
Texaco Inc.						<del></del>					
ddress	he NM	882	4 ∩								
PO Box 728, Hob		002			Oth	r (Please expla	(g)		. , .	_	
eason(s) for ruing (CAECE proper Son	•/	Change in	Transpo	orter of:	_	171	grovanic Civallen	) Hara ca: Hot bo at	singhead Itsined fro	gas from	
ecompletion 🔀	Oil		Dry G		_	_ ສື່ປ່	REAU OF I	AND MAN	AGEMENT (I	om the Rim	
hange in Operator	Casinohea	ud Gas	Conde	n sate							
change of operator give name		PIC WE	T. HAS	BEEN PL	ACED IN TH	TE FOOL					
4 17		<u> </u>	LEO BE	CLOW. IE.)	OU DO NO						
DESCRIPTION OF WEL	I. AND LE	ASE I	HIS U	f.F.ICE		7/1/8					
esse Name		Well No.	Pool N	lame, Includi	ng Formation	7.8946		of Lease F	ez i	ease No.	
K. F. Quail Fed	leral	1	Uan	des A	Léa San	Andres	22004,	Federal or Ke	NM-	<u>-0250</u>	
ocation	.02.5.	J									
Т	. 20	086	Food F	mm The	South <sub>Lin</sub>	e and55	56F	et From The	West	Line	
Unit Letter	·		_ 10011.								
Section 1 Town	nahip 209	5	Range	34E	, N	MPM,	Lea			County	
						-					
II. DESIGNATION OF TR	ANSPORTE	R OF O	IL AN	D NATU	RAL GAS						
lame of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Texaco Trading & Transportation					PO Box 6196, Midland, TX 79711  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Co	usinghead Gas		or Dry	Gas	Address (Giv	e address to wh	uch approved	copy of thus	OFM IS 10 DE 3	enil)	
							When	2	<u> </u>		
f well produces oil or liquids,	Unit				Is gas actuali	y connected?	i wues	1.7			
ve location of tanks.		L   1  20S   34E				<del></del>					
this production is commingled with t	hat from any of	her lease or	pool, gi	ive comming!	ing order num	ber:					
V. COMPLETION DATA					1	I Washanna	Deepen	Plug Back	Same Res'v	Diff Res'v	
D : T of Complete	~ ~	Oil Wel		Gas Well	New Well	:	l Dechen	i riug Datek	Same res	I XX	
Designate Type of Completi		<u> </u>			Total Depth	XX	i	P.B.T.D.	<u> </u>		
Date Spudded		Date Compi. Ready to Prod. 2/25/89			13,745'				5845'		
11/1/61						Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.)	1	Name of Producing Formation San Andres			5410'				5720'		
3699' RKB	S	an An	ares	<u> </u>	2410	,			Depth Casing Shoe		
Perforations	o and /	22 4		61 ha	1051			705	8'		
5410'-5693' @ 2 SPF (32 int.				NG AND	CEMENTING RECORD						
1015.0175		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE 17 1/2"		13 3/8"			874'			600			
$\frac{17 \cdot 1/2}{12 \cdot 1/4"}$		9 5/8"			5490'			3365			
8 3/4"		7" Line:			7058'			450			
3 3/4"		2 7/8"			9721'			250			
TECT DATA AND DEOL	EST FOR	ALLOW	ABLE								
IL WELL (Test must be af	er recovery of I	otal volum	of load	oil and must	be equal to o	exceed top allo	owable for th	is depth or be	for full 24 ho	ers.)	
Date First New Oil Run To Tank	Date of To	est	<u>`</u>		Producing M	ethod (Flow, pu	emp, gas lift,	esc.)			
2/25/89		3/11/89			Pum	>					
ength of Test		Tubing Pressure			Casing Pressure			Choke Size	}		
24 hours								Gas- MCF			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.						
72 BF	1	20			52			10			
GAS WELL Actual Prod. Test - MCF/D	Length of	Length of Test			Bbla. Condensate/MMCF			Gravity of Condensate			
ATTIME LIGHT 1681 - MICLIE		Tought of the									
esting Method (puot, back pr.)	Dr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
ment useston (here, over h. )		•									
T ARTH LEAD CONCE	TO ATTE OF	E COL	DI TAI	NCE	1			<del></del>			
VL OPERATOR CERTIF	ICATE U		marice L'ILIA	HUL		OIL CON	<b>ISERV</b>				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						MAR 2 8 1989					
is true and complete to the best of	my knowledge	and belief.			Date	Approve	d	1411-11	, NU 10	<u> </u>	
, /					Dale	• •					
1 a fear						ORIGINAL SIGNED BY JEDRY SEXTON					
Signature				<del> </del>	∥ By_		DI	ST.::C1 1 2	OEIRAZYO.	₹	
James A. Head,	Hobbs	Area	s Su	<u>perint</u>	· <b> </b>		25,	_			
Printed Name		~	Title	E 7 1	Title	·					
3/17/89			7-3								
Date		Te	lephone .	P40.	11						

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.