Submit 5 Copies
Appropriate District Office
DISTRICT!
P.O. Bux 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.				
Texaco Producing Inc	•				_		30-	-025-040	000	!		
Address								~~~				
	s, NM	88240		-								
Reason(s) for Filing (Check proper box)							Other (Please explain)					
New Well	•.	Change in	Transpor	77-77						٠		
Recompletion	Oil "	닏	Dry Gas									
Change in Operator	Casinghea	d Gas	Condens	ate								
If change of operator give name and address of previous operator				· ·	,							
•								<del></del>				
IL DESCRIPTION OF WELL	AND LEA											
Lease Name	Woulder 1 out faith, the				ing Formation	I I	Kind of Lease No.					
Monstate	2 Eumont Yat				es Seve	n Rv Qn	STRE.	Federal or Fee B-1327				
Location												
Unit LetterI	_ :	1980	Feet Fro	m The	S Lin	e and660	)· F	et From The	E	Line		
1.2	100			2.5-								
Section 13 Township	p 19S		Range	36E	, N	MPM,	Lea			County		
III DECICNATION OF TO AN	(CDODOTE	<b>n</b> o <b>n</b> or										
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			NATU								
•		or Condens	same [		Address (Giv	e address to w	hich approved	copy of this f	orm is to be s	ent)		
Name of Authorized Transporter of Casing												
I -	. XX	Address (Give address to which approved copy of this form is to be sent)										
Texaco Producing Inc.		P. O. Box 1137 Eunice, NM 88231										
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp.	Rge.	is gas actuall	y connected?	When	When ?				
	<u>                                     </u>			<u> </u>	Yes	<del></del> .		3-1-	90			
If this production is commingled with that if  IV. COMPLETION DATA	from any oth	er lease or p	oool, give	comming	ling order numi	ber:						
TV. COM EDITON DATA		Oil Well		172 11	1		1	·				
Designate Type of Completion	- (X)	I On well	1 6	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	· ·	al. Ready to	Prod		Total Depth	L	<u> </u>		<u> </u>			
•		Date Comp. Ready to Frod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing For	rmation		Top Oil/Gas Pay			Tubing Depth				
, , , , , , , , , , , , , , , , , , , ,		ame of Producing Formation							in .			
Perforations								Depth Casing Shoe				
									g are			
TUBING, CASING AND					CEMENTI	CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEM	ENT		
					32 32.			ONONO DEMENT		LITT		
								<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·			
							<del></del>	†		-		
								<del> </del>	<del></del>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<del>'</del>			1				
OIL WELL (Test must be after re	ecovery of to	tal volume o	of load of	l and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	ers.)		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Press.	ire		Choke Size				
Actual Prod. During Test	rod. During Test Oil - Bbls.				Water - Bbis.		<del></del>	Gas- MCF				
										i		
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Cest		·	Bbls. Conden	sate/MMCF		Gravity of C	ondensate			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Press.	ire (Shut-in)		Choke Size				
										ļ		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANI	CE.	1[							
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.					Date ApprovedMAY 1 5 1990							
A) 2.1					Date	whhio/6	u					
Q.D. Reden	our											
Signature					By ORIGINAL SIGNE ATON							
L. D. Ridenour Engineer's Assistant					DISTRICT I SUPERVISOR							
Printed Name Title 5-14-90 505-393-7191					Title							
Date			shope No									

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.

RECEIVED

MAY 14 1990

OCD HOBBS OFFICE