

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. 30-025-04051
Address P.O. Box 730, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 New Mexico "J" State	Well No. 2	Pool Name, Including Formation Eumont Yates 7 Rivers Qun	Kind of Lease State, Federal or Fee	Lease No. B-1961
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>19-S</u> Range <u>36-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 actually connected?
		When ?
		Yes
		05-09-90

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded	Date Compl. Ready to Prod. 04-28-90		Total Depth 4043'		P.B.T.D. 3750'			
Elevations (DF, RKB, RT, GR, etc.) 3713' DF	Name of Producing Formation Eumont		Top Oil/Gas Pay 3558'		Tubing Depth 3735'			
Perforations 3558, 61-63, 67-69, 72, 75-79, 83-86, 90, 91, 95, 96, 3603, 04, 12, 13, 15, 18-21, 23, 25, 26, 3132-36, 40-46, 50, 61-65, 72, 75-77'			Depth Casing Shoe 3800'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	13"		122'		125 SX			
11-3/4"	9-5/8"		1296'		650 SX			
8-3/4"	7"		3800'		275 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 292	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (Shut-in) 300	Casing Pressure (Shut-in) 300	Choke Size None

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 L. D. Ridenour
L. D. Ridenour Engineer's Assistant
Printed Name 05-09-90 Title (505) 393-7191
Date Telephone No.

OIL CONSERVATION DIVISION
MAY 11 1990

Date Approved
By Orig. Signed 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.