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Appropriate District Office
DISTRICT I
P.O. Bux 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia NIM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		7	OTRA	NSF	PORT OIL	AND NA	TURAL GA	AS				
Operator					Well API No.							
Texaco Prod	ucing Inc.						30-025-04260					
Address P. O. Box 7	20 11-1	hha m	r on	940								
Reason(s) for Filing (Ch		bbs, NM	1 88	<u> 240</u>		Oth	ex (Please expl	zin)				
New Well			Change in	Trans	porter of:		(1 1-ma- capa	,				
Recompletion		Oil		Dry C	. હિસ્મ							
Change in Operator	Caninghead Gas Condensate											
change of operator giv	e name						*			· · · · · · · · · · · · · · · · · · ·		
ad address of previous												
I. DESCRIPTION	N OF WELL	AND LEA		1								
Lease Name State "K" C		Well No. Pool Name, Including							Francisco Fra		ease No.	
Location	Diti -	l	T	Eui	nont lat	es seve	n kv yn			B-23	33-2	
	K	. 198	20			g	e and 198	in _		τ.7		
Unit Letter _	K	_ :190	0	. Feet	From The	S Lin	e and198		et From The	W	Line	
Section	13 Township 20S Range 36E NMPM. L							Lea	Lea County			
II. DESIGNATIO		SPORTE	R OF O	IL A	ND NATU	RAL GAS					·	
Name of Authorized Tra	asporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
none						ļ	- 					
	1 -	sporter of Casinghead Gas or Dry				1			copy of this form is to be sent)			
Texaco Prod If well produces oil or li						P. O. Box 1137 Is gas actually connected?			Eunice, NM 88231 When?			
ive location of tanks.	ejucu,	lom l	360.	Twp. 	l v8c	1 -	es	i when				
f this production is com	mingled with that	from any oth	er lease or	pool. s	eive comminel				3-1-90	· · · · · · · · · · · · · · · · · · ·		
V. COMPLETIC		,		F, 6	.							
			Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type	of Completion	- (X)	1	_ 1		1	<u>i</u>	İ	ĺ	İ	į	
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
						T 0:1/C	W					
Elevations (DF, RKB, R	T, GR, etc.)	Name of Pr	roducing F	omatic	Off	Top Oil/Gas	ray		Tubing Dep	oth		
Perforations							Depth Casing Shoe					
									Depui Casi.	ug sake		
		CAS	SING AND	CEMENTING RECORD								
HOLE S	ZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
TOTAL	ND DEOUE	T FOD A	TIOW	ADT	•	<u> </u>			1			
V. TEST DATA A OIL WELL π	_					ha amiral sa ma		ماه جمع داما	ia dansh an ba	for full 2d has	\	
Date First New Oil Run						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
]	Date of lest					a command attended to som, premy, gas 191, 646.					
Length of Test		Tubing Pre	ssure			Casing Press	sure		Choke Size	:		
-		TATING TIPERELY										
Actual Prod. During Te	Oil - Bbls.			Water - Bbls.			Gas- MCF					
									1		*******	
GAS WELL					-			-				
Actual Prod. Test - MC	F/D	Length of	Test			Bbis. Conde	nate/MMCF		Gravity of	Condensate		
Testing Method (pitot, b	ock pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
						 						
VI. OPERATOI	CERTIFIC	CATE OF	COM	PLLA	ANCE			UCEDV	ATION	DIVICIO	281	
I hereby certify that						il .	OIL COI	NOEUA			ďďn	
Division have been of is true and complete	complied with and that the information given above to the best of my knowledge and belief.								W. Y.	1 13 ,	13.00	
N COLUMNIA	,		<i>J</i> 4161.			Dat	e Approve	ed				
S)	Riden	m:										
Signature	1	w-C				∥ By_		GINA! SH	MED EV	JERRY SEX	T/181	
L. D. Ric	denour	Eng	ineer'		<u>ssista</u> n	4		DISTA	Ci i subs	eroni bea Byksod	VI COIN	
Printed Name 5-14-90		EOF	_202 -	Title	-	Title	9					
5-14-90 Date	-	505	-393-7	enhon								

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.