

# OIL CONSERVATION DIVISION

**P.O. Box 2088**

**Santa Fe, New Mexico 87504-2088**

**DISTRICT II**  
**P.O. Drawer DD, Antonia, NM 88210**

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**L**

Operator		Well API No.	
Texaco Inc.		30-025-30818	
Address			
P. O. Box 730 Hobbs, NM 88240			
Reason(s) for Filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion	<input type="checkbox"/>	Change in Transporter of:	
Change in Operator	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <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 William Weir	Well No. 5	Pool Name, including Formation Eumont Yates 7 Rvrs Qn (Gas)	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line				
Section <u>23</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 checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texaco Trading & Transportation Inc.					P. O. Box 1142 Midland, TX 79702	
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 ?
	P	23	19S	36E	Yes	9-24-90

If this production is commingled 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	Deepsea	Plug Back	Same Res'v	Diff Res'v
			X	X					
Date Spudded 5-27-90	Date Compl. Ready to Prod. 7-14-90		Total Depth 3900'			P.B.T.D. 3895'			
Elevations (DF, RKB, RT, GR, etc.) 3679 GR	Name of Producing Formation Penrose		Top Oil/Gas Pay 3598			Tubing Depth 3700'			
Perforations 3598-3643, 3650-56, 60-90, 3695-3730, 40-68, 86-97, 3815-21						Depth Casing Shoe 3900'			
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		100'		110			
12-1/4"		8-5/8"		1230'		800			
7-7/8"		5-1/2"		3900'		750			

## 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 1119	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate ----
Testing Method ( <i>pilot, back pr.</i> )	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size using rod pump

## 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.

L. D. Fidenom

Signature L. D. Ridenour Engineer's Assistant

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

9-26-90

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

**Date Approved**

By

### 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.

REC-111

SEP 2

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