

DISTRICT I

P.O. Box 1960, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC.		Well API No. 30-025-31727	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain) RECLASSIFY FROM OIL WELL TO GAS WELL
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name L. VAN ETEN	Well No. 13	Pool Name, including Formation MONUMENT TUBB	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>K</u> : <u>1653</u> Feet From The <u>SOUTH</u> Line and <u>2307</u> Feet From The <u>WEST</u> Line Section <u>9</u> Township <u>20-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of TEXACO T & T INC.	Oil <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196 MIDLAND, TEXAS 79711		
Name of Authorized Transporter of WARREN PETROLEUM CORP.	Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 TULSA, OKLAHOMA 74102		
If Well Produces oil or liquids, give location of tanks	Unit K	Sec. 9	Twp. 20S	Rge. 37E
Is gas actually connected?		When?		
YES		11/16/92		

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 X	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 9/24/92	Date Compl. Ready to Prod. 12/9/93		Total Depth 7875'			P.B.T.D. 7647'		
Elevations (DF, RKB, RT, GR, etc.) 3541' GR	Name of Producing Formation TUBB		Top Oil/Gas Pay 6327'			Tubing Depth 6122'		
Perforations 6327' - 6548' (128 FT - 258 HOLES)			Depth Casing Shoe 7875'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT		
14 3/4"	11 3/4"		1150'			900 SX. CIRC 75 SX		
11	8 5/8"		4000'			1650 SX. CIRC 150 SX		
7 5/8"	5 1/2"		7875'			1500 SX. CIRC 185 SX		
						DV TOOL @ 4809'		

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 a full 24 hours.)


Date First New Oil Run To Tank 12/10/93	Date of Test 12/29/93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
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 1800	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 16/64

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 Monte C. Duncan	Engr Asst
Printed Name 1/28/94	Title 397-0418
Date	Telephone No.

OIL CONSERVATION DIVISION

FEB 02 1994

Date Approved	
By	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
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 IV for changes in 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.