

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Texaco Producing Inc.	
Address PO Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well	Change in Transporter of: ☒ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
☐ Recompletion	
☐ Change in Ownership	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 127	Pool Name, including Formation Eumont Yates 7-Rivers Queen	Kind of Lease State, Federal or Fee Federal	Lease No. IC-031620b
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

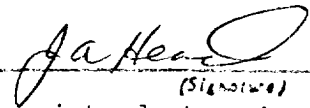
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 35	Twp. 19	Rge. 37	Is gas actually connected? Yes	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Area Superintendent 397-3571
(Title)
7-25-88
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 27 1988
BY ORIGINAL SIGNATURE OF AREA SUPERINTENDENT
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resist.	Diff. Resist.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviation (DF, RAB, RT, CR, etc.)	None of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

1981.07.10

JUL 11 1981

HOBBS CORP.