

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
TEXACO Inc.Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☒
Change in Ownership ☐Change in Transporter of:
Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name C. H. Weir 'A'	Well No. 8	Pool Name, Including Formation Monument Tubb R-6211	Kind of Lease State, Federal or Fee - Fee	Lease No.
Location Unit Letter F : 1980 Feet From The West Line and 1985 Feet From The North Line of Section 12 Township 20-S Range 37-E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal. New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12	Twp. 20S	Rge. 37E	Is gas actually connected? Yes	When 9-26-79

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

PC-83

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. Res't'v. <input checked="" type="checkbox"/>
Date Spudded April 24, 1962	Date Compl. Ready to Prod. August 26, 1974		Total Depth 6884		P.B.T.D. 6750			
Elevations (DF, R&B, RT, CR, etc.) 3574 DF	Name of Producing Formation Tubb		Top Oil/Gas Pay 6370		Tubing Depth Tubingless			
Perforations: Perforate 2 7/8" Csging w/2 JSPF @ 6370-90, 98-99, 6410-30, 6444-52, 60-64, 6480-6500, 6540-44, 6616-25.					Depth Casing Shoe 6873			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	1439	450
8 3/4"	2 7/8"	6883	1800
8 3/4"	2 7/8"	6882	1800
8 3/4"	2 7/8"	5416	1800

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 Tanks	Date of Test 10-2-79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 1040	Casing Pressure -	Choke Size
Actual Prod. During Test	Oil-Bbls. -0-	Water-Bbls. -0-	Gas-MCF 945

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Asst. Dist. Supt.

October 3, 1979

(Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 17 1979, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT I

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