

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION AND PRODUCTION INC.		Well API No. 30-025-06793
Address P.O. BOX 730 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.J. SARKEYS	Well No. 3	Pool Name, including Formation PENROSE SKELLY GRAYBURG	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 26 Township 21-S Range 37-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEX-NEW MEX PIPELINE CO	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS, NEW MEXICO 88240				
Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137 EUNICE, NEW MEXICO 88231				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 26	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When? 1/3/72

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 6-5-50	Date Compl. Ready to Prod. 10-9-93		Total Depth 6587'		P.B.T.D. 5485'			
Elevations (DF, RKB, RT, GR, etc.) 3401' DF	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 3840'		Tubing Depth 4021'			
Perforations 3840-3873(34'-68 HLE); 3898-3908(11'-22 HLE); 3918-3950 (33'-66 HLE)					Depth Casing Shoe 6587'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		320'		300 SXS, CIRC			
11"	8 5/8"		2900'		1200 SXS, T.S. @ 1400'			
7 7/8"	5 1/2"		6700'		500 SXS, CALC @ 3663'			

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 10-10-93	Date of Test 11-5-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 600 GOR	Oil - Bbls. 5	Water - Bbls. 20	Gas- MCF 3

GAS WELL

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

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
12-8-93 Title
393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 10 1993
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 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.