

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.R.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

TEXACO Inc.

Address

P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
L. R. Kershaw	11	Monument Tubb	State, Federal or <u>Fee</u>	-
Location				
Unit Letter	E	990 Feet From The	West	Line and 1654 Feet From The
				North
Line of Section	13	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipe Line Co.	P. O. Box 1910, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Co.	Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	13
	20-S	37-E
	Yes	9-22-80

If this production is commingled with that from any other lease or pool, give commingling order number: PC-192

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X	X			X		X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-27-64	9-22-80	6650'	6468'					
Elevations (DF, RKB, FT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3566' (DF)	Tubb	6402'	-					
Perforations	Is gas actually connected?					When		
6370', 82', 91', 6407', 14', 20', 26', 36', 44' & 6458'	Yes					9-22-80		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	1366'	600
7-5/8"	2-7/8"	6647'	800
7-5/8"	2-7/8"	6647'	800

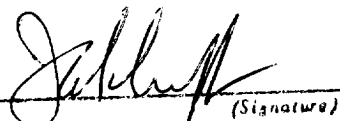
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-22-80	9-22-80	Pumping - 1-1/4" Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	3	3	3
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pilot, back pr.)		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. District Supt.

10-1-80

(Date)

OIL CONSERVATION DIVISION

APPROVED 00111-199, 19BY Oil & Gas Insp.TITLE Oil & Gas Insp.

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 allowables 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 multiple completed wells.