

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.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" 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 New Mexico 'H' State NCT-2	Well No. 31	Pool Name, including Formation Eumont Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. B-160-1
Location				
Unit Letter L	1980	Feet From The South	Line and 990	Feet From The West
Line of Section 20	T. or Township 20-S	Range 37-E	N.M.P.M. Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Co.	400 Commercial Bank Bldg., Midland, Tx.
Unit	Sec.
Twp.	Rge.
If well produces oil or liquids, give location of tanks.	Is gas actually connected? No When 79701

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. P.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3-11-82	Date Compl. Ready to Prod. 4-6-82	Total Depth 3600'	P.E.T.D. 3570'					
Elevations (DF, RKB, RT, GR, etc.) 3518 (GR)	Name of Producing Formation Eumont Yates Seven Rivers Queen	Top Oil/Gas Pay 3400'	Tubing Depth 3360'					
Perforations Perf. 5 1/2" Csg. w/2-JSPF @ 3400', 08', 16', 20', 28', 34', 42', 46', 54', 64', 73', 83', 90', 96', 3500', 04', 06', 3600'		Depth Casing Shoe 3600'						
TUBING, CASING, AND CEMENTING RECORD 12', 20', & 3524'								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/8"	8-5/8"	1120'	1000					
7-7/8"	5-1/2"	3600'	1095					

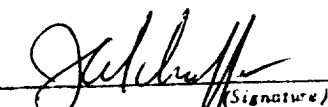
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

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 447	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 35#	Casing Pressure (shut-in) -	Choke Size 3/4"

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.**Assistant District Manager****April 7, 1982**

(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 27 1982**, 19BY **ORIGINAL SIGNED BY****JERRY SEXTON**TITLE **DISTRICT 1 SUPR.**

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 device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filed for each pool in multi
completed wells.