

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
REGISTRATION OFFICE	

Operator
TEXACO INC.

Address
P.O. BOX 728, HOBBS, NM 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name C. H. Weir "A"	Well No. 15	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or <u>Fee</u>	Lease
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>988</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>20-S</u> Range <u>37-E</u> , 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 Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 728, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>12</u> Twp. <u>20-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When <u>10-23-84</u>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff.
Date Spudded <u>09-26-84</u>	Date Compl. Ready to Prod. <u>10-23-84</u>		Total Depth <u>7000'</u>		P.B.T.D. <u>6990'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>3559' (GR)</u>	Name of Producing Formation <u>Drinkard</u>		Top Oil/Gas Pay		Tubing Depth <u>6737'</u>			
Perforations <u>6134-6273</u>					Depth Casing Shoe <u>7000'</u>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>1453'</u>	<u>1400</u>
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>4000'</u>	<u>2200</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>7000'</u>	<u>1150</u>

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
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>10-23-84</u>	Date of Test <u>10-24-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>150#</u>	Casing Pressure <u>850#</u>	Choke Size <u>1"</u>
Actual Prod. During Test	Oil-Bbls. <u>165</u>	Water-Bbls. <u>71</u>	Gas-MCF <u>260</u>

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

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.

W.A. Baker II
(Signature)

District Operations Manager

10-25-84
(Date)

OIL CONSERVATION DIVISION

OCT 29 1984

APPROVED

BY Eddie W. Seay

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the dev
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 o
well name or number, or transporter or other such change of cond
Separate Forms C-104 must be filed for each pool in multi
completed wells.

RECEIVED

OCT 26 1984

G.C.P.
HOBBS