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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
**TEXACO Inc.**

Address  
**P.O. Box 728, Hobbs, N.M. 88240**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>C.H. Weir "A"</b>	Well No. <b>16</b>	Pool Name, including Formation <b>Skaggs Drinkard</b>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <b>J</b>	<b>2310</b> Feet From The <b>South</b> Line and <b>1650</b> Feet From The <b>East</b>			
Line of Section <b>12</b>	Township <b>20S</b>	Range <b>37E</b>	, NMPM, <b>Lea</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

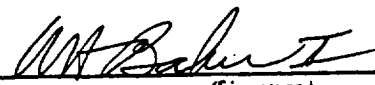
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Shell Pipeline Corporation</b>	<b>P.O. Box 1910, Midland, TX 79702</b>
Name of Authorized Transporter of Casinghead 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)
<b>Warren Petroleum Corporation</b>	<b>P.O. Box 1589, Tulsa, OK 74102</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>K</b> Sec. <b>12</b> Twp. <b>20S</b> Rge. <b>37E</b>	<b>Yes</b> <b>5/27/85</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-83**

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
(Signature)  
Dist. Opr. Mgr.  
\_\_\_\_\_  
(Title)  
6/5/85  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

**JUN 11 1985**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X X	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/23/85	Date Compl. Ready to Prod. 5/27/85		Total Depth 7000'		P.B.T.D. 6972'				
Elevations (DF, RKB, RT, CR, etc.) 3557' GL	Name of Producing Formation Skaggs Drinkard		Top Oil/Gas Pay 6613'		Tubing Depth 6970'				
Perforations 6613-6867' 2 JSPI (52 Intervals)						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		1450'		1650 SX.			
12 1/4"		8 5/8"		4000'		2200 SX.			
7 7/8"		5 1/2"		7000'		1300 SX.			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5/27/85	Date of Test 5/27/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 400#	Casing Pressure	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 225	Water - Bbls. 5	Gas - MCF 1100

GAS WELL

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

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JUN 10 1985

MOORE