

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Texaco Inc.

Address

P. O. Box 728, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- ☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
C. H. Weir "A"	18	Skaggs Drinkard	State, Federal or Fee	Fee				
Location								
Unit Letter	I	2310 Feet From The South	Line and	660 Feet From The East				
Line of Section	12	Township	20S	Range	37E	NMPM,	Lea	County

II. 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 Pipeline Company	P. O. Box 2648, Houston, TX 77001					
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 Company	P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	12	20S	37E	Yes	04/28/86

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.

W. Browning
(Signature)
District Administrative Supervisor
(Title)
May 12, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 20 1986, 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 well name or number, or transporter or other such change of conditions.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
03/08/86	04/24/86		7212'		7210'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3555' GR	Skaggs Drinkard		6674'		6911'				
Perforations						Depth Casing Shoe			
6674, 86, 93, 95, 98, 6701, 26, 34, 38, 44, 53, 56, 58, 61 & 64 (30 holes)						—			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	11 3/4"		1420'		1100				
	8 5/8"		4000'		1700				
	5 1/2"		7210'		700				

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 all 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.)	
04/28/86	04/27/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	—	—	—
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	134	215	171

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

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