

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco, Inc.	Well API No. 30-025-30623
Address P.O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-10-89
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.R. Kershaw	Well No. 13	Pool Name, Including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 330 Feet From The North Line and 330 Feet From The West Line Section 13 Township 20 S Range 37 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 13	Twp. 20S	Rge. 37E	Is gas actually connected? No	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-15-89	Date Compl. Ready to Prod. 7-10-89	Total Depth 7150'	P.B.T.D. 6960					
Elevations (DF, RKB, RT, GR, etc.) 3553 G.R.	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6618'	Tubing Depth 6526'					
Perforations 2JSPF @ 6618-32; 6640-55; 6662-76; 6686-6704; 6723-25; 6758-59; 6764-80; 6800-21; 6854-60		Depth Casing Shoe 7150'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4", 47#		1423'		1100			
10 5/8"	8 5/8", 32#		3995'		1400			
7 7/8"	5 1/2", 17 & 15.5#		7150		1500			
	2 7/8, 6.5#		6526'					

V. 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 Tank 7-10-89	Date of Test 7-10-89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hr.	Tubing Pressure 830	Casing Pressure -	Choke Size 20/64
Actual Prod. During Test 197	Oil - Bbls. 5	Water - Bbls. 192 BLW	Gas - MCF 1177

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

VI. OPERATOR 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.

Signature James A. Head Hobbs Area Supt.
Printed Name James A. Head Title 505-397-3571
Date 7-28-89 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 1 1989

By _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.