Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico .gy, Minerals and Natural Resources Departme.

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	STRICT II P.O. Box 2088 D. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088										
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS											
Operator Texaco Exploration and Production Inc.							Well	Well API No. 30-025-30806			
Address							30.	-025-3081	70		
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	w Mexic	o 8824	0-2528	8	Othe	t (Please expl	ain)				
New Well		Change is									
Recompletion Change in Operator	Oil Casinghe	.4G. [Dry Gar Conden	_							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	ting Formation Kind of Lease State, Federal or Fee										
L R KERSHAW Location	15 MONUMENT T				UBB FE					<u> </u>	
Unit Letter B	:330		_ Foot Fro	om The N	ORTH Line	and 2305	·	et From The	EAST	Line	
Section 13 Township	. 20)-S	Range					LEA			
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	SPORTE	OF OF O		NATU	RAL GAS Address (Give	address to wi	ick approved	copy of this fo	orm is to be se	mt)	
TEXACUT&TING.					P. O. BOX 6196 MIDLAND, TEXAS 79711 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas WARREN PETROLEUM CORPORATION					Address (Give P.	O. BOX 1	<i>ick approved</i> 589 TUL:	copy of this fo SA, OKLAH	rmis to be se OMA 741	<i>nt)</i> 02	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 13	Twp. 205	Rge. 37E	is gas actually connected?			3/10/66			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	<u> </u>		<u> </u>		
Designate Type of Completion -	· (X)	X		=2 ALCTI	I Mem Mell 1	X	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 4-7-90	Date Compt. Ready to Prod. 9-1-93				Total Depth	7000'		P.B.T.D.	6582'	***************************************	
Elevations (DF, RKB, RT, GR, etc.)	rations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
GL-3556', KB-3569' TUBB					6327'			6314' Depth Casing Shoe			
63	ES) 7000'										
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE 14 3/4"	CASING & TUBING SIZE				DEPTH SET 1420'				ACKS CEME (S, CIRC 1		
11	8 5/8"				·	4000'			XS, T.S.		
7 7/8"	5 1/2"					7000'			XS. CIRC 2		
V. TEST DATA AND REQUES	r rod A	11000	DI E	·				DV	TOOL @ 49	976'	
OIL WELL (Test must be after red				and must	be equal to or es	ceed too allo	wahle for this	denth or he fo	r full 24 hour)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
9-2-93 Length of Test	11-5-93				Carina Dunanum		JNGER LIF	T Choke Size			
24 HOURS	Tubing Pressure				Casing Pressure			CHOKE SIZE			
Actual Prod. During Test 12645 GOR					Water - Bbis. 11			Gas- MCF			
GAS WELL	31							392			
coul Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
			, 			(0.0.10)		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.					OIL CONSERVATION DIVISION Date Approved						
Moth Sune	By ORIGINAL SIGNED BY JERRY SEXTON										
Signature	By 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.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

505-393-7191

Telephone No.

- 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.

Printed Name 12-6-93

Date