

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEXACO EXPLORATION & PRODUCTION INC.		Well API No. 30-025-30863	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address
of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name L R KERSHAW	Well No. 14	Pool Name, Including Formation MONUMENT TUBB R-10177 9/1/94	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter A : 820 Feet From The NORTH Line and 410 Feet From The EAST Line Section 14 Township 20-S Range 37-E NMPM LEA COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of TEXACO TRADING & TRANSPORTATION INC	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 6196 MIDLAND, TEXAS 79711		
Name of Authorized Transporter of WARREN PETROLEUM CORPORATION	Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1589 TULSA, OKLAHOMA 74102		
If Well Produces oil or liquids, give location of tanks	Unit C	Sec. 13	Twp. 20S	Rge. 37E
Is gas actually connected? YES		When? 3/10/66		

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	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 4/27/90	Date Compl. Ready to Prod. 12/31/93		Total Depth 7200'		P.B.T.D. 6585'			
Elevations (DF, RKB, RT, GR, etc.) 3550' GR	Name of Producing Formation TUBB		Top Oil/Gas Pay 6330'		Tubing Depth 6585'			
Perforations 6330'-6548' (292 HOLES)					Depth Casing Shoe 7200'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	11 3/4"		1420'		950 SXS, CIRC 75 SXS			
11"	8 5/8"		4000'		1000 SXS, T.S. @ 510'			
7 7/8"	5 1/2"		7200'		1300 SXS, CIRC 75 SX			

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 a full 24 hours.)


Date First New Oil Run To Tank 1/1/94	Date of Test 1/10/94	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 26	Gas - MCF 55

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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

Monte C. Duncan

Engr Asst

Printed Name

3/9/94

Title

397-0418

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

MAR 11 1994

By

Title

ORIGINAL SIGNATURE OF JERRY SEXTON
DISTRICT 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 in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.