

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.	30-025-06586
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	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
STATE S	1	PENROSE SKELLY GRAYBURG	STATE	B-9188
Location				
Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line				
Section 15 Township 21-S Range 37-E NMPM LEA COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of	Oil <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
TEX-NEW MEX PIPELINE CO			P.O. BOX 2528 HOBBS, NEW MEXICO 88240	
Name of Authorized Transporter of	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)	
TEXACO E & P INC.			P.O. BOX 1137 EUNICE, NEW MEXICO 88231	
If Well Produces oil or liquids, give location of tanks	Unit C	Sec. 15	Twp. 21S	Rge. 37E
Is gas actually connected?		When?		
YES		12/16/93		

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D			
6/25/48	12/16/93		6660'		6444'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3452' GR	GRAYBURG		3698'		4006'			
Perforations					Depth Casing Shoe			
3898' - 3958' (132 FT - 274 HOLES)					6660'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		293'		300 SXS, CIRC			
11"	8 5/8"		2797'		TOC CALC @ SURF			
7 7/8"	5 1/2"		6625'		CACL @ 4340			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/20/93	1-3-94	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
3722 GOR	18	7	67

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	Title
1/28/94	397-0418
Date	Telephone No.

OIL CONSERVATION DIVISION

FEB 14 1994

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
Title 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 IV 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.