

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Texaco Producing Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please Print)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11-1-88</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Berry 5 State Com	Well No. 1	Pool Name, including Formation R-8826 11/1/89 Berry Bone Springs North	Kind of Lease State, Federal or Fee State	Lease No. LG-5146
Location Unit Letter <u>T</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>21S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

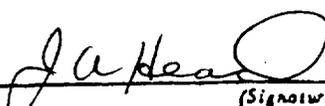
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Texas 79711
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit : <u>T</u> , Sec. : <u>5</u> , Twp. : <u>21S</u> , Rge. : <u>34E</u> Is gas actually connected? : <u>No</u> When

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

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.


(Signature) 397-3571
Hobbs Area Superintendent
(Title)
August 24, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 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 allow- able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X		X		X
Date Spudded 1-30-81	Date Compl. Ready to Prod. 3-27-87	Total Depth 14,160'			P.B.T.D. 11,319'				
Elevations (DF, RKB, RT, CR, etc.) 3754' RKB 23' AGL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8829'			Tubing Depth 8730'				
Perforations 8829, 31, 33, 50, 52, 54, 59 @ 2 SF						Depth Casing Shoe 11,720'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2		13-3/8		1,000'		cmt. circ. 835 sx.			
12-1/4		9-5/8		5,642'		cmt. circ. 1700 sx.			
8-1/2		7		11,720'		cmt. circ. 1700 sx.			
7 csg & 6-1/8		4-1/2		11,393'-14,117'		500 sx.			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-2-87	Date of Test 4-2-87	Producing Method (Flow, pump, gas lift, etc.) Flow		
Length of Test 24 hr.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---	
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 14	Gas - MCF TSTM	

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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SEP 6 1988

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 HOBBS OFFICE