

## 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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

**TEXACO, Inc.**

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

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Mittie Weatherly</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <b>E</b>	<b>1880</b>	Feet From The <b>North</b>	<b>560</b>	Feet From The <b>West</b>
Line of Section <b>17</b>	Township <b>21-S</b>	Range <b>37-E</b>	<b>Lea</b>	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"/> <b>Shell Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910, Midland, Texas 79701</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Getty Oil Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1135, Eunice, New Mexico 88231</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>F</b> Sec. <b>17</b> Twp. <b>21-S</b> Rge. <b>37-E</b>	Is gas actually connected? <b>Yes</b>	When <b>12-1-84</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC-R-5201**

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. <input type="checkbox"/>		
Date Spudded <b>10-13-84</b>	Date Compl. Ready to Prod. <b>11-30-84</b>	Total Depth <b>6800'</b>	P.B.T.D. <b>6790'</b>
Elevations (DF, RAB, RT, GR, etc.) <b>3476' (GR)</b>	Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay	Tubing Depth <b>6765'</b>
Perforations <b>6462' - 6762'</b>			Depth Casing Shoe <b>6800'</b>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <b>12 1/4"</b>	CASING & TUBING SIZE <b>8 5/8"</b>	DEPTH SET <b>1280'</b>	SACKS CEMENT <b>1200</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>6800'</b>	<b>1225</b>

## 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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>11-29-84</b>	Date of Test <b>12-1-84</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 Hrs.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <b>60</b>	Water-Bbls. <b>41</b>	Gas-MCF <b>30</b>

## 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. 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.



District Operations Manager

12/7/84

(Date)

## OIL CONSERVATION DIVISION

APPROVED **DEC 13 1984**, 19ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

RECEIVED  
DEC 12 1984  
O.C.D.  
HOBBS OFFICE