I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G

Operator	Well API No.
Texaco Producing Inc.	30-025-30781
Address: P.O. Box 730 Hobbs, N.M. 88240	

Reason(s) for Filing (Check proper box)

New Well [XX] Recompletion [ ] Change in Operator [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain) [ ]

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bilbrey 33 Federal	1	Bilbrey Morrow	State, (Federal) or Fee	NM-14332

Location: Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 33 Township 21S Range 32E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading and Transportation [XX]	Box 60628 Midland, TX. 79711-0628
Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492 El Paso, TX. 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	C	33	21	32	Yes	1-23-91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-5-90	5-29-90	14900	14748
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
GR-3709, KB-3734	Morrow	14332	14200

Perforations: 14332-34, 14340-45, 14356-68, 14371-76, 14385-92, 14494-14500 4 JSPF 148 holes — Depth Casing Shoe: 14900

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	1150	CL-H 1300 SXS-CIR 200 SXS
12¼	9-5/8	4635	CL-H 1750 SXS-CIR 100 SXS
8-3/4	7	12000	CL-H 1515 SXS- T.S. at 30

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 for full 24 hours.)*

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
12679	4 hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flowing	3670	0	ADJ.

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.

M.C. Duncan

Signature

M.C. Duncan Engineer's Assistant

Printed Name Title

1-30-91 393-7191

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB

By _____

Title _____

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 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.

CC: SA