

DISTRICT II
P.O. 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. 30-025-99062-10045
Address P.O. BOX 730, HOBBS, NM 88240-0730		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Remove bridge plug, re-activate Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Wantz Abo perms (6722'-7273')		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BRUNSON, R. L.	Well No. 2	Pool Name, Including Formation WANTZ ABO	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter P : 660 Feet From The S Line and 810 Feet From The E Line Section 4 Township 22S Range 37E , NMPM, LEA 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"/> TEXAS NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) 1670 BROADWAY, DENVER, CO 80202	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEPI	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NM 88231	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 4
	Twp. 22S	Rge. 37E
Is gas actually connected? YES		When? 07/13/74
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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 3-9-92		Total Depth 7600		P.B.T.D. 7374			
Elevations (DF, RKB, RT, GR, etc.) 3431	Name of Producing Formation abo		Top Oil/Gas Pay		Tubing Depth			
Perforations 6722-7273					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 3-6-92	Date of Test 3-9-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 117	Oil - Bbls. 18	Water - Bbls. 109	Gas- MCF 53

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. 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 **L. W. Johnson**
Printed Name **L. W. JOHNSON** Title **ENGR. ASST.**
Date **03-23-92** Telephone No. **505-393-7191**

OIL CONSERVATION DIVISION

Date Approved **MAR 26**
By **Paul Kautz** Orig. Signed by **Geologist**
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.

RECEIVED

MAR 23 1992

OCD HOBBS OFFICE