

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 22351	Well API No.	30 025 10192
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.
BAKER B	12	Eunice San Andres, South 24170	FEE	
Location	Unit Letter K : 2310 Feet From The SOUTH Line and 2310 Feet From The WEST Line			
	Section 10 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"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation 20667		P. O. Box 2648 Houston, Texas 77252
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 Exploration and Production Inc. 22438		P. O. Box 3000, Tulsa, OK 74102
If Well Produces oil or liquids, give location of tanks	Unit O	Sec. 10
	Twp. 22S	Rge. 37E
	Is gas actually connected?	When?
	Yes	12/01/93

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	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. 12/23/93		Total Depth 5210		P.B.T.D 4765			
Elevations (DF, RKB, RT, GR, etc.) 3393' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3855		Tubing Depth 3805			
Perforations 3855-3885					Depth Casing Shoe 5210			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	13 3/8		156		Circ			
12 1/4	9 5/8		2704		1000			
8	7		5210		350			

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 12/23/93	Date of Test 12/31/93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 1100	Casing Pressure	Choke Size 26/64
Actual Prod. During Test	Oil - Bbls. 22	Water - Bbls. 187	Gas - MCF 163

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  
Larry W. Johnson

Engr Asst

Printed Name  
2/4/94

Title  
397-0426

Date

Telephone No.

OIL CONSERVATION DIVISION

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 VI 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.

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JAN 10 1964  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
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JOB HOBBS  
OFFICE