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DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION



P.O. Box 2088 P.O. Drawer DD, Artesia, NM 88210 SEP 1 8 1989 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION DIV. TO TRANSPORT OIL AND NATURAL GAS SANIA FE Operator 3002510195 Texaco Producing Inc. Address Box. 730, Hobbs, NM 88240 0 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil Casinghead Gas Condensate Change in Operator 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. Baker "B" State, Federal or Fee 15 | Blinebry Oil & Gas Location Unit Letter \_\_\_J 1830 2130 Feet From The \_\_\_ Feet From The Southine and 10 Township 22-S Range 37-Е**ммрм**, 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)  $\mathbf{X}$ Pipeline Corporat Box 2648, Houston, TX 77252 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Texaco Producing. Inc. P. O. Box 1137, Eunice, NM 88231 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. 10 22S 8-16-89 37E K Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Date Spudded Total Deoth Date Compi. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations 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 Date of Tur Producing Method (Flow, pump, gas lift, etc.) Length of Test Choke Size **Tubing Pressure** Casing Pressure Actual Prod. During Test Gas- MCF Water - Bbis Oil - Bbls. **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 VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above SEP 2 2 1989 is true and complete to the best of my knowledge and belief. Date Approved \_ ORIGINAL SIGNED BY JERRY SEXTON Signature / DISTRICT I SUPERVISOR Printed Name Title Title \_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

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