

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.D.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

I. Operator

Address **TEXACO, Inc.**

Reason(s) for filing (Check appropriate box) **Box 728, Hobbs, New Mexico 88240** Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
	5	Brunson Abo, South	State, Federal or Fee	LC-32104
Location	Unit Letter	Feet From The	Line and	Feet From The
<b>A. H. Blinebry Fed. NCT-3</b>	<b>D</b>	<b>500</b>	<b>North</b>	<b>558</b>
				<b>West</b>
Line of Section	Township	Range	, NMPM.	
<b>31</b>	<b>22-S</b>	<b>38-E</b>	<b>Lea</b>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>X</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>The Permian Corporation</b>	<b>P. O. Box 1183, Houston, Texas 77001</b>
If well produces oil or liquid give location of tanks.	Is gas actually connected? When
<b>Getty Oil Company</b>	<b>P. O. Box 1135, Eunice, New Mexico 88231</b>
If this production is commingled with that from any other well or pool give commingling order number:	<b>Yes 11-22-84</b>

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv. D.H.
<b>(X)</b>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	<b>XX</b>	<b>XX</b>					
Elevations (DF, RKB, RT, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
<b>16/14/84</b>	<b>11/20/84</b>	<b>7250'</b>	<b>7240'</b>				
Perforations			Depth Casing Shoe				
<b>3314' I (GR)</b>	<b>Abo</b>	<b>6500'</b>	<b>7200'</b>				
HOLE SIZE			CASING & TUBING SIZE			DEPTH SET	
<b>6503'-7176'</b>						<b>7250'</b>	
<b>15"</b>	<b>11 3/4"</b>	<b>1180'</b>	<b>1800</b>				
<b>11"</b>	<b>8 5/8"</b>	<b>2500'</b>	<b>675</b>				
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>7250'</b>	<b>775</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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>11/21/84</b>	<b>11/22/84</b>	<b>Flowing</b>	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<b>24 Hrs.</b>	<b>120#</b>	<b>490#</b>	<b>28/64"</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pt.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

*W.A. Baker*  
(Signature)

District Operations Manager  
(Title)

1/27/84  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **NOV 30 1984**  
BY **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 deep well, this form must be accompanied by a tabulation of the downhole tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for eligible on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Form C-104 must be filed for each pool in multi-completed wells.