

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

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 10595	
Address P.O. BOX 730, HOBBS, NM 88240			
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
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
		<input type="checkbox"/> Convert from Injection to Production	

If change of operator give name and address  
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name SKELLY PENROSE A UNIT	Well No. 38	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee FEE	Lease No. 685270
Location Unit Letter N : 740 Feet From The SOUTH Line and 2000 Feet From The WEST Line Section 3 Township 23S Range 37E NMPM LEA COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Shell Pipeline Co	Oil <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2648, Houston, TX 77252	
Name of Authorized Transporter of TEPI	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) PO Box 3000, Tulsa, OK 74102	
If Well Produces oil or liquids, give location of tanks	Unit I	Sec. 4	Twp. 23S	Rge. 37E
		Is gas actually connected? Yes		When? 1/25/94

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 X	Deepen	Plug Back	Same Res'v X	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 2/9/94		Total Depth 3630		P.B.T.D 3629			
Elevations (DF, RKB, RT, GR, etc.) 3297 DF	Name of Producing Formation Langlie Mattix		Top Oil/Gas Pay 3520		Tubing Depth 3399			
Perforations 3520-3621					Depth Casing Shoe 3630			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	15.5		124		50			
?	8 5/8		1187		100			
8 1/4	7		3370		200			
8 1/4	5 Liner		3296-3629		800			

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.)

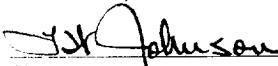
Date First New Oil Run To Tank 2/9/94	Date of Test 2/9/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 1	Water - Bbls. 16	Gas - MCF 0

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	Engineering Assistant
Printed Name 3/9/94	Title 397-0426
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	MAR 11 1994
By	ORIGINAL SIGNED BY JERRY SEXTON
Title	DISTRICT I SUPERVISOR

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only sections I, II, III, and VI for changes in operator, well name or number, transporter, or other such changes
- Seperate Form C-104 must be filed for each pool in multiply completed wells.