

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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I. Operator		Well API No.	
Texaco Producing Inc.		3002511930	
Address			
P.O. Box 728 Hobbs, NM 88240			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	<input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	<input type="checkbox"/>
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

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Lease Name <u>G. D. Riggs B</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>Langlie Mattix 7R-Q-Grayburg</u>			<u>LC-049439-b</u>
Location					
Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line					
Section <u>1</u>	Township <u>26 S</u>	Range <u>37 E</u>	NMPM, <u>Lea</u>		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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)		
Texas New Mexico Pipeline Co.				P.O. Box 252B, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Pipeline				P.O. Box 1492, El Paso, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	G	1	26S	37E	Yes	10/6/62
If this production is commingled with that from any other lease or pool, give commingling order number:						PC-640

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
		3-14-89		6100'			5015'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3038' DF		Langlie Mattix 7R-Q-G		3219			3470'		
Perforations							Depth Casing Shoe		
3219' - 3376'		OKK					5814'		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	8 5/8"		930'		385 (To surface)				
	5 1/2"		5814'		475 (To 2115' by T.S.)				
	2 3/8"		3470'						

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 just 24 hours.)

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Date First New Oil Run To Tank 3-28-89	Date of Test 4-18-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 213	Gas- MCF 73.9

GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	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.

It is true and complete to the best of my knowledge and belief.

C. R. Munlo
Signature

C. R. Musslewhite Assoc Supv.
Printed Name

8/21/89 Title
505-394-2585
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 26 1989

By _____ **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 1 SUPERVISOR

Title _____

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

- 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.

NOTED BY TERRY W. CASHMAN, JAMES
2025/12/10 10:00 AM

APR 25 1989
OCD
HOBBS OFFICE