Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico .) .gy, Minerals and Natural Resources Departme...

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		OTRA	NSP	ORT OIL	AND NAT	UHAL GA	S Walk	PI No.		<del></del> 1	
Operator Texaco Exploration and Production Inc.							30 025 12381 DK				
Address	. 14- •	00040			- <del>-</del>						
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	Mexico	88240	J-252	28	X Othe	r (Please explai	n)				
New Well		Change in	Тпавр	orter of:		FECTIVE 6-	1-91				
Recognication	Oil		Dry G	as []							
Change in Operator	Casinghead	i Gas 🗌	Conde	neste		<u></u>					
If change of operator give name and address of previous operator Texac	o Produ	cing Inc	<u>.                                    </u>	P. O. Box	c 730	iobbs, Nev	v Mexico	88240-2	528	<del> </del>	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Include					ng Politicos			nd of Lease ue, Federal or Fee ATE		ase No.	
Location Unit Letter B	. 810		. Feet F	rom The NO	RTH Lim	and2310	Fe	et From The	EAST	Line	
Section 5 Township	2	25S Range 38E , NMPM,						LEA County			
III. DESIGNATION OF TRAN	SPORTE	R OF O			RAL GAS						
Name of Authorized Transporter of Oil INJECTOR	Acceres (UN	Accress (Une accress to which approved copy of the joint 2 2 2 2 2 2									
lame of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rge.	Is gas actually connected? W			en ?			
If this production is commingled with that i	from any oth	er lease or	pool, g	ive comming	ing order num	ber:					
IV. COMPLETION DATA							Danner	Phya Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	. [ ]	Gas Well	New Well	Workover	Deepen	1 LINE DECK		<u></u>	
Date Spudded	Date Compt. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u></u>			Depth Casir	Depth Casing Shoe		
	ন	TIRING	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				-	ļ	<u></u>		<del> </del>			
	<del> </del>				<del> </del>			+			
	<del> </del>										
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLI	E	. <del> </del>						
OIL WELL (Test must be after r	recovery of L	otal volum	e of load	d oil and mus	be equal to o	exceed top all	owable for th	is depth or be etc.)	for full 24 hou	F\$.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
GAS WELL	1							<u> </u>			
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)				Casing Pressure (Shut-in)			Choke Size			
THE OPEN AMOD CODDING	IATE O	E COM	DT TA	NCF	1				D11 11 11 11 11 11 11 11 11 11 11 11 11	~	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	ALE U	e Oil Cone L' COIVI	ervation Table	71 TCD		OIL COI	NSERV				
Division have been complied with and is true and complete to the best of my	that the info	ormation gi	iven abo	ove	Det	0 Annroi	nd	4	JN 0 3	1991	
J.m. Will	4					e Approve			MI Enc	1 V	
Signature K. M. Miller Div. Opers. Engr.					By_		-	<u>Eddic</u> Oil & G	as Insp	ector	
Printed Name May 2, 1991			Title		Title	)	·				
Date			lephon								

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.

