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

State of New Mexico 

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

DISTRICT III 1000 Rio Bearce Rd., Azzec, NM 87410

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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	1	TO TRA	NSP	ORT OIL	AND NA	TURAL	<u>GAS</u>	T WAIL	NA NA		<del></del>	
Operator Texaco Exploration and Production Inc.						Well API No. 30 025 11152						
Address P. O. Box 730 Hobbs, Nev	y Mexico	8824	0-252	98								
Reason(s) for Filing (Check proper box)	MEARLO	0024	<u> </u>		X Ou	et (Please e	xplain)		<del></del>			
Vew Well Change in Transporter of: EFFECTIVE 10-01-91												
Recompletion												
Change in Operator	Casinghes				-					· · · · · · · · · · · · · · · · · · ·		
THE SECTION OF PROPERTY AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T			<u>c</u>	P. 0. Bo	x 730	Hobbs,	New	dexico	88240-	2528		
II. DESCRIPTION OF WELL	AND LEA	Well No.	I Do at N	lo-o locked	ng Formation Kind o				f Lease No.			
Lesse Name COOPER JAL UNIT	1 1				TIX 7 RVRS Q GRAYBURG FEDE				Rederal or Fee NM0321613			
Location Unit Letter F	1650	. 1650   Feet From The   NORTH   Line and   1587   Feet From The   WEST								Line		
Section 19 Township	24S Range 37E				, NMPM,				LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  [Name of Authorized Transporter of Oil or or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Oil Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)  P. O. Box 2648 Houston, Texas 77252											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.						Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline Co.						
If well produces oil or liquids, give location of tanks.		Sec.	Twp. 1 245	Rge.	Is gas actually connected? When YES				7 1954			
If this production is commingled with that f					<u> </u>		HC	# /	C-559			
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	r   1	<b>Деерея</b>	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth	1,			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe						
	CEMENTING RECORD											
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
		<del> </del>							<del>                                     </del>			
									<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	,			-11	المراجعة المراجعة	- doneh an ba	fan 4.11 24 haw	1	
OIL WELL (Test must be after re	Date of Tes		of load	oil and must	Producing M	excess top ethod (Flow	. pump.	ne jor ini nas lift. e	ec.)	or jul 24 Hou	75.)	
Des the less on you to law.	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
GAS WELL	<u> </u>				L				<del></del> .			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-ia)				Choke Size			
VI. OPERATOR CERTIFICA				NCE		)II ((	)NIC	EDV.		חואופור		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved							
Ci Wahan						• •						
Signature L.W. JOHNSON Engr. Asst.					By_	By CHOINALSGISC FINE DATE OF						
Printed Name Tale 04-14-92 (505) 393-7191					Title	·			<del></del>			
Date			sphone ?									
	•											

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.