

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**

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 31199
Address PO BOX 730, 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"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name B.F. HARRISON 'B'	Well No. 3	Pool Name, Including Formation Northwest Teague Devonian	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 340 Feet From The N Line and 1700 Feet From The W Line Section 9 Township 23S Range 37E, NMPM, LEA County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil TEX-MEX PIPELINE CO <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 2528, HOBBS, NM 88240				
Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1137, EUNICE NM 88231				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 9	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 09-01-91

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 X	Same Res'v	Diff Res'v X
Date Spudded 05-29-91	Date Compl. Ready to Prod. 09-01-93		Total Depth 8907		P.B.T.D. 8700			
Elevations (DF, RKB, RT, GR, etc.) GR=3314, KB=3332	Name of Producing Formation Devonian		Top Oil/Gas Pay 7446		Tubing Depth			
Perforations 7446-7544					Depth Casing Shoe 8907			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		1165		1100 sx, circ 161 sx			
12 1/4	9 5/8		3750		1600 sx, TOC 200' TS			
8 3/8	5 1/2		8907		2220 sx, circ 346 sx			
					DV Tool @ 6993			

**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 full 24 hours.)

Date First New Oil Run To Tank 09-10-93	Date of Test 09-10-93	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HR	Tubing Pressure 780	Casing Pressure	Choke Size
Actual Prod. During Test 368	Oil - Bbls. 368	Water - Bbls. 0	Gas- MCF 106

**GAS WELL**

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-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 L.W. Johnson Engr Asst  
Printed Name L.W. Johnson Title  
Date 11-10-93 Telephone No. 505-393-7191

**OIL CONSERVATION DIVISION**

Date Approved NOV 29 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

**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.

