

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEXACO EXPLORATION & PRODUCTION INC	Well API No. 30 025 31483
Address PO BOX 730, HOBBS NM 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name W DOLLARHIDE DRINKARD UNIT	Well No. 115	Pool Name, Including Formation DOLLARHIDE TUBB DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-9613
Location Unit Letter <u>A</u> : <u>121</u> Feet From The <u>NORTH</u> Line and <u>1309</u> Feet From The <u>EAST</u> Line Section <u>5</u> Township <u>25S</u> Range <u>38E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEX NM PIPELINE CO	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Texaco Expl & Prod Inc</i>	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 D	Sec. 32	Twp. 24S	Rge. 38E	Is gas actually connected? YES	When? 11-25-92

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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-30-92	Date Compl. Ready to Prod. 12-17-92		Total Depth 7570 GR-3165', KB-3162'		P.B.T.D. 7457'			
Elevations (DF, RKB, RT, GR, etc.) 3165'	Name of Producing Formation TUBB DRINKARD		Top Oil/Gas Pay 6072'		Tubing Depth 6035'			
Perforations 6072' - 7381'					Depth Casing Shoe 7510'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	11 3/4		1180		800 SX- CIRC 246 SX			
11	8 5/8		4200		1380 SX- CIRC 150 SX			
7 7/8	5 1/2		7510		1145 SX- TOC 315' TS			

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 11-30-92	Date of Test 12-24-92	Producing Method (Flow, pump, gas lift, etc.) PUMPING 2.5 X 1.75 X 26	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 595	Oil - Bbls. 146	Water - Bbls. 449	Gas- MCF 404

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.

L.W. Johnson

Signature
L.W. JOHNSON ENGR ASST
Printed Name
01-11-93 Title
393-7191
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.