

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

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 31499
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. 114	Pool Name, Including Formation DOLLARHIDE TUBB DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No. B-9613
Location Unit Letter C : 108 Feet From The NORTH Line and 2325 Feet From The WEST Line Section 5 Township 25S Range 38E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEX NM 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 EXPL & PROD 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 D	Sec. 32	Twp. 24S	Rge. 38E	Is gas actually connected? YES	When? 10/20/92

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 10-05-92	Date Compl. Ready to Prod. 12-12-92		Total Depth 2440 GR-3145', KB-3463'		P.B.T.D. 7287'			
Elevations (DF, RKB, RT, GR, etc.) 3145'	Name of Producing Formation TUBB DRINKARD		Top Oil/Gas Pay 6340'		Tubing Depth 6325'			
Perforations 6340' - 7076'					Depth Casing Shoe 7440'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	11 3/4		1187		800 SX- CIRC 112 SX			
11	8 5/8		4200		1380 SX- CIRC 175 SX			
7 7/8	5 1/2		7440		1300 SX- CIRC 90 SX			

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 10-25-92	Date of Test 12-17-92	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 195	Oil - Bbls. 159	Water - Bbls. 36	Gas- MCF 409

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 01-11-93 Title 393-7191  
Date 01-11-93 Telephone No. 393-7191

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.