

OIL CONSERVATION DIVISION

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

Operator TEXACO EXPLORATION & PRODUCTION INC	Well API No. 30 025-31955
Address PO BOX 730, HOBBS, NM 88240	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: Request test allowable of 3210 bbls - June 1993 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 B.F. HARRISON 'B'	Well No. 8	Pool Name, Including Formation UNDESIGNATED (WILDCAT)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter D : 510 Feet From The N Line and 660 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEX-NM-PIPELINE-CO <i>Texaco Trading + Transp.</i>	Address (Give address to which approved copy of this form is to be sent) PO BOX 2528, HOBBS, NM 88231					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO E & P INC	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. 9	Twp. 23S	Rge. 37E	Is gas actually connected? NO	When ?

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 05-25-93	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) GR-3317', KB-3329''	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations 5108-5286						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 14 3/4	CASING & TUBING SIZE 11 3/4	DEPTH SET 1155'	SACKS CEMENT 500 -- CIRC 150
11			

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	Date of Test	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

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
06-17-93

Title
505-393-7191

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 18 1993

By *DEAN L. SEXTON*

Title *DISTRICT ASST. COM. FOR*

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.