

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	TEXACO EXPLORATION & PRODUCTION INC	Well API No.	30-025-31957
Address	P.O. BOX 730, HOBBS, NM 88240		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
ELLEN SIMS	9	UNDESIGNATED-PADDOCK-BLINEBRY	Fee	
Location	Unit Letter <u>B</u> : <u>990</u> Feet From The <u>N</u> Line and <u>1651</u> Feet From The <u>E</u> Line			
	Section <u>3</u> Township <u>23-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of	Oil <input checked="" type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texaco Trading & Transportation			PO Box 60628, Midland, TX 79711-0628	
Name of Authorized Transporter of	Casinghead Gas <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texaco E & P Inc			PO Box 1137, Eunice, NM 88231	
If Well Produces oil or liquids, give location of tanks	Unit <u>B</u>	Sec. <u>3</u>	Twp. <u>23S</u>	Rge. <u>37E</u>
				Is gas actually connected? Yes
				When? <u>7/23/93</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D			
<u>5/4/93</u>	<u>6/17/93</u>		<u>7500'</u>		<u>5715'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>GR-3331', KB-3343'</u>	<u>Padock/Blinbry</u>		<u>5340'</u>		<u>5255'</u>			
Perforations					Depth Casing Shoe			
<u>5340' - 5658; 2 JSPF, 172 HOLES.</u>					<u>7500'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>14 3/4</u>	<u>11 3/4</u>		<u>1180'</u>		<u>CL-C 500 SX CIRC. 23 sx</u>			
<u>11</u>	<u>8 5/8</u>		<u>3730'</u>		<u>CL-H 1800 SX, TOC @ 1750'</u>			
					<u>BY T.S.</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>7500'</u>		<u>CL-H 1300 SX, TOC @ 1625'</u>			

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 a full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	<u>07-25-93</u>		
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
<u>384</u>	<u>24 hr</u>	<u>7</u>	<u>42.3</u>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
<u>back pr</u>	<u>1000 flowing</u>		<u>14/64</u>

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	
Larry W. Johnson	Engr Asst
Printed Name	Title
<u>1/28/94</u>	<u>397-0426</u>
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved	<u>JAN 31 1994</u>
By	<u>ORIGINAL SIGNED BY LARRY SEXTON</u>
Title	<u>DISTRICT I SUPERVISOR</u>

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 IV for changes in 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.

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