

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 32107
Address PO BOX 730, HOBBS, NM 88240		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Request test allowable for zone evaluation purposes. 1000
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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. 11	Pool Name, Including Formation Teague SW Glorieta Up Paddock	Kind of Lease State, Federal or Fee FFF	Lease No.
Location Unit Letter C : 560 Feet From The N Line and 2100 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 TEXACO T & T <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 60628, MIDLAND, TX 79711-6028					
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 D	Sec. 9	Twp. 23S	Rge. 37E	Is gas actually connected? YES	When? 11-01-93

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 10-19-93	Date Compl. Ready to Prod. 11-24-93		Total Depth 5400'		P.B.T.D. 5400'			
Elevations (DF, RKB, RT, GR, etc.) GR-3312', KB-3326'	Name of Producing Formation PADDOCK		Top Oil/Gas Pay 5204'		Tubing Depth 5220'			
Perforations 5204-12'					Depth Casing Shoe 5400'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8	DEPTH SET 1180'	SACKS CEMENT 650 - CIRC 45 SX
7 7/8	5 1/2	5400'	1220 - TOC 400' 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	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.

Signature L.W. Johnson Engr Asst  
Printed Name 11-30-93 Title 505-393-7191  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 30 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.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

RECEIVED

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