

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 32160
Address P.O. 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		
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 R.R. Sims 'A'	Well No. 3	Pool Name, Including Formation North Teague Fusselman R-1009/ 4/1/94	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 380 Feet From The S Line and 2175 Feet From The W Line Section 4 Township 23S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas 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) P.O. Box 2528, Hobbs, NM 88240					
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) P.O. Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 4	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 10-28-93

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 09-01-93	Date Compl. Ready to Prod. 10-20-93		Total Depth 8950		P.B.T.D. 8925			
Elevations (DF, RKB, RT, GR, etc.) GR=3335, KB=3349	Name of Producing Formation Fusselman		Top Oil/Gas Pay 8784		Tubing Depth 8643			
Perforations 8784-8836					Depth Casing Shoe 8950			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 11 3/4		DEPTH SET 1180		SACKS CEMENT 750, circ 74			
11	8 5/8		3750		1675, TOC 700' TS			
7 7/8	5 1/2		8950		1900, circ 120			
					DV Tool @ 6980			

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 09-28-93	Date of Test 10-24-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 275	Oil - Bbls. 274	Water - Bbls. 1	Gas- MCF 288

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 L.W. Johnson Title
Date 10-28-93 Telephone No. 505-393-7191

OIL CONSERVATION DIVISION

Date Approved OCT 29 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.

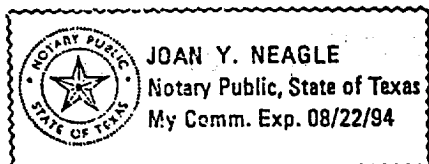
FIELD Teague, North COUNTY Lea OCC NUMBER _____
OPERATOR Texaco E & P, Inc. ADDRESS P. O. Box 3109, Midland, TX 79702
LEASE R. R. Sims "A" WELL NO. 3
SURVEY Section 4, 380' 2175' FSL & FWL, T-23-S, R-37-E

RECORD OF INCLINATION

<u>DEPTH (FEET)</u>	<u>ANGLE OF INCLINATION (DEGREES)</u>
495	1/4
981	1/2
1180	1
1673	3/4
2146	1 1/2
2617	1 1/2
3117	1/4
3617	1/2
4130	1/2
4602	1/2
5073	1/2
5573	1
6073	1/2
6573	1/2
7048	3/4
7548	1/2
8019	1 1/2
8492	1
8950	1 1/2

Certification of personal knowledge inclination data:

I hereby certify that I have personally assembled the data and facts placed on this form, and such information given above is true and complete to the best of my knowledge.



HONDO DRILLING COMPANY

BY: S. C. Thatch
S. C. Thatch, Drilling Superintendent

Sworn and subscribed to before me the undersigned authority, on this the

24th day of September, 1993.

Joan Y. Neagle

Joan Y. Neagle Notary Public in and for Midland County, TX.

001 100
Received
Texaco
Hobbs Area