

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 32172
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. <i>Well 5115 Nov 1993</i>
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. 12	Pool Name, Including Formation Teague Fusselman, North	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>C</u> : <u>760</u> Feet From The <u>N</u> Line and <u>2100</u> Feet From The <u>W</u> Line Section <u>9</u> Township <u>23S</u> Range <u>37E</u> , 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 C	Sec. 9	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 10-20-93

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 09-21-93	Date Compl. Ready to Prod. 10-25-93		Total Depth 8950		P.B.T.D. 8940			
Elevations (DF, RKB, RT, GR, etc.) GR=3312, KB=3326	Name of Producing Formation Fusselman		Top Oil/Gas Pay 8811		Tubing Depth 8650			
Perforations 8811-15, 8818-24					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 sx, circ 70 sx			
11	8 5/8		3750		1775 sx, circ 500 sx			
7 7/8	5 1/2		8950		2255 sx, circ 375 sx			
					DV Tool @ 7015			

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
10-25-93 Title
Date 505-393-7191 Telephone No.

OIL CONSERVATION DIVISION

OCT 25 1993

Date Approved

By *Paul Kautz* Orig. Signed by
Geologist

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.