

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

I.

Operator TEXACO EXPLORATION & PRODUCTION INC	Well API No. 30 025 32175
Address PO 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 checked="" 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. 13	Pool Name, Including Formation Northwest Teague Devonian	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 513 Feet From The N Line and 556 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 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) PO 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) 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:

PC-789

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 10-13-93	Date Compl. Ready to Prod. 10-29-93		Total Depth 7700		P.B.T.D. 7656			
Elevations (DF, RKB, RT, GR, etc.) GR=3318, KB=3332	Name of Producing Formation Devonian		Top Oil/Gas Pay 7443		Tubing Depth 7230			
Perforations 8811-15, 8818-24					Depth Casing Shoe 7700			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 14 3/4	CASING & TUBING SIZE 11 3/4		DEPTH SET 1203		SACKS CEMENT 750 sx, circ 155 sx			
11	8 5/8		3750		1675 sx, circ 250 sx			
7 7/8	5 1/2		8950		1790 sx, circ 58 sx			
					DV Tool @ 7018			

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 11-12-93	Date of Test 11-14-93	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hr	Tubing Pressure 710	Casing Pressure	Choke Size
Actual Prod. During Test 313	Oil - Bbls. 313	Water - Bbls.	Gas- MCF 300

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 11-24-93 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.