

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 32227
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 <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 F.B. DAVIS	Well No. 2	Pool Name, Including Formation SW Teague, Glorieta/Up Paddock	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> : <u>510</u> Feet From The <u>N</u> Line and <u>500</u> Feet From The <u>E</u> Line Section <u>8</u> Township <u>23S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Texaco Trading & Transportation.	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 60628, Midland, TX 79711-0628				
Name of Authorized Transporter of Texaco E & P Inc	Casinghead Gas <input checked="" type="checkbox"/> 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 A	Sec. 8	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 1/1/94

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 12/8/93	Date Compl. Ready to Prod. 1/18/94		Total Depth 5400		P.B.T.D. 5359			
Elevations (DF, RKB, RT, GR, etc.) GR=3323	Name of Producing Formation PADDOCK		Top Oil/Gas Pay 5120		Tubing Depth 5298			
Perforations 5120-5290					Depth Casing Shoe 5400			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1185		600, Circ 140			
7 7/8	5 1/2		5400		350, Circ 140, DV @4102, 820, Circ 200			

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 1/8/94	Date of Test 1/24/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 256	Water - Bbls. 54	Gas - MCF 90

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

OIL CONSERVATION DIVISION

Date Approved	JAN 31 1994
By	ORIGINAL SIGNED BY JERRY SEXTON
Title	DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only sections I, II, III, and IV for changes in operator, well name or number, transporter, or other such changes
- Seperate Form C-104 must be filed for each pool in multiply completed wells.

702 HOBBS
OFFICE