

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

WELL LOCATION AND ACERAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator TEXACO EXPLORATION & PRODUCTION INC			Lease G.W. Sims		Well No. 3
Unit Letter B	Section 9	Township 23S	Range 37E	NMPM	County Lea
Actual Footage Location of Well: 760 Feet From The N Line and 1900 Feet From The E Line					
Ground Level Elev. 3307	Producing Formation Blinebry		Pool Teague Blinebry		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

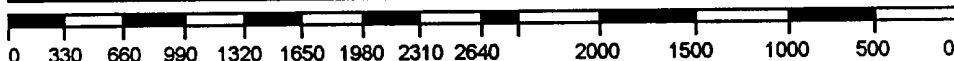
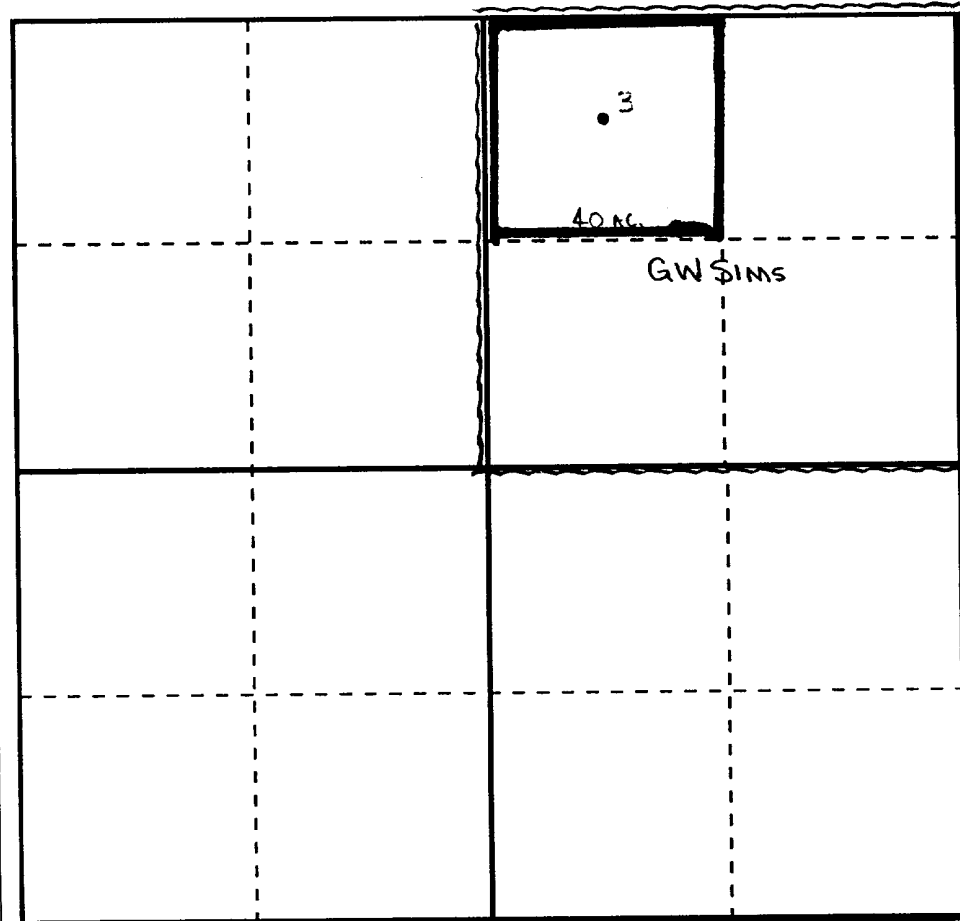
☐ Yes

☐ No

If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. Use the reverse side of this form if necessary.

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Signature

Larry W. Johnson

Printed Name

Larry W. Johnson

Position

Engr Asst

Company

TEPI

Date

2/11/94

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of

Professional Surveyor

Certificate No.



LTR



Job separation sheet

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 32294	
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 operatorTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONSENT
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name G.W. Sims	Well No. 3	Pool Name, Including Formation Blinbry, West	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>760</u> Feet From The <u>N</u> Line and <u>1900</u> Feet From The <u>E</u> Line Section <u>9</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 B	Sec. 9	Twp. 23S
	Rge. 37E	Is gas actually connected? Yes	When? 1/4/94

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 11/21/93	Date Compl. Ready to Prod. 1/5/94		Total Depth 6100'		P.B.T.D 6031'			
Elevations (DF, RKB, RT, GR, etc.) GR-3307', KB-3321'	Name of Producing Formation Blinbry		Top Oil/Gas Pay 5615'		Tubing Depth 5506'			
Perforations 5615' - 5840'					Depth Casing Shoe 6100'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING and TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1180	650, circ 71
7 7/8	5 1/2	6100	1660, TOC 1200' TS

V. TEST DATA AND REQUEST FOR ALLOWABLE

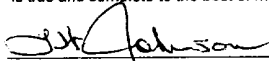
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be a full 24 hours.)

Date First New Oil Run To Tank 1/6/94	Date of Test 1/24/94	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr	Tubing Pressure 1100	Casing Pressure	Choke Size 17/64
Actual Prod. During Test	Oil - Bbls. 83	Water - Bbls. 79	Gas - MCF 1379

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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

Title

1/31/94

397-0426

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 01 1994

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 IV for changes in 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.