Submit 5 Copies Approprize District Office ROPPLES DESIGNATION OF TRICT I TRICT I L Box 1980, Hobbs, NM 88240

State of New Mexico agy, Minerals and Natural Resources Departme

DISTRICT II O. Drawer DD, Astesia, NM 88210

## CAL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Ris Brace Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Texaco Exploration and Production Inc. 30 025 11052 Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Resson(s) for Filing (Check proper box) **EFFECTIVE 10-01-91** New Well Change in Transporter of: Dry Gas Recompletion Oil Change in Operator Casinghead Gas X Condensate theres of operator give same I address of previous operator Texaco Producing Inc. P. O. Box 780 Hobbs, New Mexico 88240-2528 IL DESCRIPTION OF WELL AND LEASE LANGLIE MATTIX 7 RVRS Q GRAYBURG FEE Well No. | Pool Name, Including Formation Lease No. Lease Nome COOPER JAL UNIT 244 \_ ;\_\_1980 Feet From The SOUTH Line and 1980 Feet From The EAST Unit Letter \_\_ Line Range 37E 18 248 LEA , NMPM. Township County a (Give address to which approved copy of this form is to be sent) Shell Pipeline Corporation P. O. Box 2648 Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Exploration and Production Inc. Sid Richardson Carbon & Gasoline Co. Twp. Rgs. is gas actually connected? YES Unit Sec. When ? If well produces oil or liquids, J | 24 rive location of tanks. UNKNOWN If this production is commingled with that from any other lease or pool, give comminging order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'y Designate Type of Completion - (X) Total Denth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Leagth of Test **Tubing Pressure** Casing Pressure Choke Size Water - Bbls. Actual Prod. During Test Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Bble. Condensate/MMCF Length of Test Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE

## I hereby partify 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.

414 Chance .W. JOHNSON Engr. Asst. **Printed Nam** Title 04-14-92 (505) 393-7191 Telephone No.

## **OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_ MAY 0 4 '92

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.