## L CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Astesia, NM 88210

Santa Fe, New Mexico 87504-2088

TRICT III O Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No. 30 025 20930 Texaco Exploration and Production Inc. Address P. O. Box 730 Hobbs, New Mexico 88240-2528 X Other (Please explain) Reason(s) for Filing (Check proper box) **EFFECTIVE JANUARY, 1992** Change in Transporter of: New Well WELL SHUT IN Dry Gas Recompletion Casinghead Gas X Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee FEDERAL Lease No. Well No. Pool Name, Including Formation Lease Name NM-14218 C C FRISTOE B FEDERAL NCT 2 JUSTIS BLINEBRY Location Feet From The NORTH Line and 1650 Feet From The WEST 852 Line C Unit Letter . LEA Range 37E 35 Township 245 , NMPM, County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Texas New Mexico Pipeline C 1670 Broadway Denver, Colorado 80202 2475810 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas \_\_\_\_ Texaco Exploration & Production Inc 1475830 P.O. Box 3000 Tulsa, OK 74102 Rge. is gas actually connected? When? Twp. Unit Sec. If well produces oil or liquids, 01-17-92 YES give location of tanks. mingled with that from any other lease or pool, give commingling order number: If this production is con IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.R.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gar MCF Water - Bbls. Oil - BMs Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved \_\_\_\_\_ By CREED LINGSHILL Signature MISTERCT I SUITED ALOR Engr. Asst. L.W. Johnson

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

Printed Nam

Date

02-14-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

(505) 393-7191

Telephone No.

- 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.