trict Office

Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		OR ALLOWA								
I.	TOTR	ANSPORT O	L AND NA	TURAL GA						
Texaco Exploration and Production Inc. 30						API No. 025 26128				
Address		-								
P. O. Box 730 Hobbs, Nev	w Mexico 8824	10-2528								
Reason(s) for Filing (Check proper box) X Other (Please explain)										
New Well	FECTIVE 6	-1-91								
Recompletion	Oil [Dry Gas								
Change in Operator	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator Texas	co Producing In	nc. P. O. B	ox 730	Hobbs, Ne	w Mexico	88240-252	28			
II. DESCRIPTION OF WELL										
ease Name Well No. Pool Name, Includ						Lease No.		ase No.		
COOPER JAL UNIT 153 JALMAT TAN		ISILL YATES	S SEVEN RI		nte, Federal or Fee 141560		iO			
Location										
Unit LetterL	:1400	_ Feet From The S	OUTH LIM	and280	Fo	et From The WE	ST	Line		
Section 19 Township 24S Range 37E			, NMPM.			LEA County				
III. DESIGNATION OF TRAN	SPORTER OF (
Name of Authorized Transporter of Oil Or Condensate				Address (Give address to which approved copy of this form is to be sent)						
Shell Pipeline Corporation						ston, Texa				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company			Address (Giv	e <i>eddress to</i> wh P. O. Box	ich approved 1492 🗉 i	copy of this form is to be sent) Paso, Texas 799'78				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge 245 36E	is gas actually connected? When YES			? UNKNOWN				
If this production is commingled with that f	rom any other lease or	r pool, give commin	ling order numl	ber:						
IV. COMPLETION DATA						· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completion -	Oil We	II Gas Well	New Well	Workover	Deepea	Plug Back Sas	ne Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready t	Total Depth	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>					Depth Casing Si	2006			
	TIDDIC	CASING AND	CEMENTI	IC DECOD		!				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE										
HOLE SIZE	CASING & I	UBING SIZE		DEPTH SET		SACKS CEVENT				
						<u> </u>				
	ļ									
			 							
V. TEST DATA AND REQUES			<u> </u>							
OIL WELL (Test must be after re Date First New Oil Run To Tank		be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
Date Fire New Oil Run 10 1111K	il Run To Tank Date of Test				Frometing Medica (From, pamp, gas 191, etc.)					
Length of Test	This Passes	Casina Press	Casing Pressure			Choke Size				
reagan on year	Tubing Pressure	Casing Freese	Casing Pressure							
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Water - Bbls.			Gas- MCF				
<u></u>	L		J			L				
GAS WELL							•			
Actual Prod. Test - MCF/D	od. Test - MCF/D Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Press.	Casing Pressure (Shut-in)							
VI ODED ATOD CEPTIEIC	ATE OF COM	DI TANCE	1							
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and the true and complete to the best of my keep to the best of my keep to the best of the be	hat the information giv				و			, ,		
Z.M. Willer				Approved						
Signature K. M. Miller				By						
Printed Name April 25, 1991	· · · · · · · · · · · · · · · · · · ·	Title 688-4834	Title							

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

Telephone No.

Date

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

RECEIVED

MAY 2 3 1991

OSS OFFICE