

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
OPERATION OFFICE	

Operator
TEXACO Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Cotton Draw Unit	Well No. 75	Pool Name, Including Formation Paduca Delaware	Kind of Lease State, Federal or Fee	Lease No. LC-062300
Location Unit Letter <u>C</u> ; <u>455</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>25-S</u> Range <u>32-E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas- New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 25-S	Rge. 32-E	Is gas actually connected? When Yes 9-18-82

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. in <input type="checkbox"/>
Date Spudded 9-18-82	Date Compl. Ready to Prod. 9-18-82		Total Depth 4750'		P.B.T.D. 4746'			
Elevations (DF, RKB, RT, GR, etc.) 3447'	Name of Producing Formation Delaware		Top Oil/Gas Pay 4668'		Tubing Depth 4712'			
Perforations Perf 5 1/2" csg W/ 1-JSPF From 4686'-4690', 4696'-4710', 4714'-4719', & 4721'-4728'.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 355'		SACKS CEMENT 400			
7 7/8"	5 1/2"		4750'		1100			

IV. 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 of well for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 9-18-82	Date of Test 10-6-82	Producing Method (Flow, pump, gas lift, etc.) Pumping-1 1/2"	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 112	Gas-MCF 12

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. 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.


Asst. Dist. Mgr. _____
10-7-82 _____
(Date)

OIL CONSERVATION DIVISION
APPROVED OCT 12 1982 , 19_____
ORIGINAL SIGNED BY
BY JERRY SEXTON
TITLE DISTRICT 1 SUPER

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Form C-104 must be filled for each pool in multi-completed wells.

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HOBBS COURT

I, J. A. Schaffer, being of lawful age and being the Assistant District Superintendent of Texaco Inc., do state that the deviation record which appears on this form is true and correct to the best of my knowledge.



J. A. Schaffer

Subscribed and sworn to before me this the 7th day of October, 1982.



Lease COTTON DRAW UNIT

Well No. 75

DEVIATION RECORD

DEPTH

355'
791'
1196'
1685'
2150'
2595'
3063'
3589'
4044'
4715'
4750'

DEGREES OFF

1
1
3/4
3/4
1
1 3/4
1 1/2
1 1/2
1 3/4
3
3

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