

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Benito Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Producing Inc	Well API No. 30-025-30829
Address P.O. Box 730 Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Dollarhide Drinkard Unit	Well No. 107	Pool Name, including Formation Dollarhide Tubb Drinkard	Kind of Lease State, Federal or Fee	Lease No. B-9613
Location Unit Letter I : 1435 Feet From The South Line and 1211 Feet From The East Line Section 32 Township 24S Range 38E, NMPM, Lea County				

III. 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) Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 24S	Rge. 38E	Is gas actually connected? Yes	When? Unit 1969-Well 04-20-91
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 03-21-91	Date Compl. Ready to Prod. 04-03-91		Total Depth 6901'		P.B.T.D. 6880'			
Elevations (DF, RKB, RT, GR, etc.) GR-3168', KB-3186'	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6421'		Tubing Depth 6832'			
Perforations 6421-6857'					Depth Casing Shoes 6901'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		1200'		1000 sx - Cir 190 sx			
11"	8-5/8"		4000'		1450 sx - Cir 480 sx			
7-7/8"	5-1/2"		6901'		1588 sx-DV Tool @ 4204'			

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 for full 24 hours.)


Date First New Oil Run To Tank 04-21-91	Date of Test 05-02-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 358 Bbls	Oil - Bbls. 177	Water - Bbls. 181	Gas - MCF 180

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pucl, 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 L.W. Johnson Engr. Asst.
Printed Name 05/10/91 Title (505) 393-7191
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1991
By _____
Title _____

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.