

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | | |
|---|---|-------------------------------------|
| Operator TEXACO EXPLORATION & PRODUCTION INC | | Well API No. 30-025-31998 |
| Address PO BOX 730, HOBBS NM 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 W DOLLARHIDE DRINKARD UNIT | Well No. 133 | Pool Name, Including Formation DOLLARHIDE TUBB DRINKARD | Kind of Lease State, Federal or Fee State | Lease No. B-9613 |
| Location Unit Letter <u>O</u> : <u>110</u> Feet From The <u>S</u> Line and <u>1330</u> Feet From The <u>E</u> Line Section <u>29</u> Township <u>24-S</u> Range <u>38-E</u> , <u>NMPM</u> , <u>LEA</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|---|-------------|-------------|-----------------------------------|--------------------|
| Name of Authorized Transporter of Oil TEXAS NM PIPELINE CO <input checked="" type="checkbox"/> | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) PO BOX 2528, HOBBS, NM 88240 | | | | |
| Name of Authorized Transporter of Casinghead Gas TEXACO E & P INC <input checked="" type="checkbox"/> | or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) PO BOX 1137, EUNICE, NM 88231 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 32 | Twp. 24S | Rge. 38E | Is gas actually connected? YES | When ? 10/01/93 |

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 09-14-93 | Date Compl. Ready to Prod. 10-17-93 | | Total Depth 7680' | | P.B.T.D. 7354' | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR-3207', KB-3220' | Name of Producing Formation Tubb-Drinkard/Abo | | Top Oil/Gas Pay 6578' | | Tubing Depth 6996' | | | |
| Perforations Tubb-Drinkard/Abo: 6587'-7148' | | | | | Depth Casing Shoe 7680' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11 | 8 5/8 | | 1238 | | 600 SX- CIRC 184 SX | | | |
| 7-7/8 | 5 1/2 | | 7640 | | 2000 SX- TOC 1300' TS | | | |
| | | | | | | | | |
| | | | | | | | | |

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 10-08-93 | Date of Test 10-25-93 | Producing Method (Flow, pump, gas lift, etc.) PUMPING 2.5 X 1.75 X 26 | |
| Length of Test 24 HR | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 265 | Oil - Bbls. 181 | Water - Bbls. 75 | Gas- MCF 99 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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 11-04-93 Title 505-397-0426
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 05 1993

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.