

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO EXPLORATION & PRODUCTION INC		Well API No. 30 025 32269	
Address P.O. BOX 730, HOBBS, NM 88240			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
		<input type="checkbox"/> Other (Please explain) Note: Langlie Mattix & Jalmat to be downhole commingled RE: NMOCOD Order # R-10033 of 12-10-93	

If change of operator give name and address
of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Jal Unit	Well No. 405	Pool Name, Including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. LC-032715
Location Unit Letter <u>N</u> : <u>1055</u> Feet From The <u>S</u> Line and <u>1385</u> Feet From The <u>W</u> Line Section <u>19</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Shell Pipeline Co	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2648, Houston, TX 77252		
Name of Authorized Transporter of Texaco E & P Inc / Sid Richardson C & G Co	Casinghead Gas <input checked="" type="checkbox"/> 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 / PO Box 1226, Jal, NM 88252		
If Well Produces oil or liquids, give location of tanks	Unit J	Sec. 24	Twp. 24S	Rge. 36E
		Is gas actually connected? Yea		When? 11/15/93

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

R-10033

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 10/22/93	Date Compl. Ready to Prod. 12/28/93		Total Depth 3750'		P.B.T.D 3730'			
Elevations (DF, RKB, RT, GR, etc.) GR-3279', KB-3289'	Name of Producing Formation Jalmat		Top Oil/Gas Pay 2988'		Tubing Depth 3606'			
Perforations 2988-3273' 2JSPI: 216 Holes					Depth Casing Shoe 3750'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1140'		600 sx, circ 10 sx			
7 7/8	5 1/2		3750'		925 sx, circ 99 sx			

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 a full 24 hours.)

Date First New Oil Run To Tank	Date of Test 12/23/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 63 LW	Gas - MCF 70

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 Larry W. Johnson		Engr Asst
Printed Name 1/26/94		Title 397-0426
Date		Telephone No.

OIL CONSERVATION DIVISION

Date Approved	JAN 31 1994
By	
Title	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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 IV for changes in 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.