

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 32286
Address P.O. BOX 730, HOBBS, NM 88240		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
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"/>

Note: Langlie Matix & Jalmat to be downhole commingled  
RE: NMOCD Order # R-10033 (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. 403	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>D</u> : <u>150</u> Feet From The <u>N</u> Line and <u>100</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	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? Yes	When? 12/16/93

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 11/13/93	Date Compl. Ready to Prod. 1/27/94		Total Depth 3750		P.B.T.D 3682			
Elevations (DF, RKB, RT, GR, etc.) GR-3308, KB-3318	Name of Producing Formation Jalmat		Top Oil/Gas Pay 3010		Tubing Depth 3601			
Perforations 3010-3292, 2JSP: 222 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		400		250, circ 98			
7 7/8	5 1/2		3750		950, circ 165			

#### 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 12/16/93	Date of Test 1/5/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 32	Water - Bbls. 183	Gas - MCF 11

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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  
2/9/94  
Title  
397-0426  
Date  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved  
By  
Title  
DISTRICT 1 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 VI 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.