

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

I.

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
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate

Note : Langlie Mattix & 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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Cooper Jal Unit	403	Langlie Mattix 7 RQ Grayburg	Federal	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	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipeline Co		PO Box 2648, Houston, TX 77252	
Name of Authorized Transporter of	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)	
Texaco E & P Inc / Sid Richardson		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:

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 11/13/93	Date Compl. Ready to Prod. 12/11/93		Total Depth 3750		P.B.T.D 3682			
Elevations (DF, RKB, RT, GR, etc.) GR-3308, KB-3318	Name of Producing Formation Langlie Mattix		Top Oil/Gas Pay 3450		Tubing Depth 3601			
Perforations 3450-3663, 2JSPI: 110 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 12/16/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 1	Water - Bbls. 114 BLW	Gas - MCF 24

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 FEB 14 1994
By ORIGINAL SIGNED BY JERRY SEXTON
Title 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 VI for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.