

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 09640
Address P.O. BOX 730, HOBBS, NM 88240		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain)	
Recompletion <input checked="" 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 COOPER JAL UNIT	Well No. 136	Pool Name, Including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM063965
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>24S</u> Range <u>36E</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 3000 Tulsa, OK 74102 / 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? 11/15/93	

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	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. 11/15/94		Total Depth 3540		P.B.T.D 3345			
Elevations (DF, RKB, RT, GR, etc.) 3308' KB	Name of Producing Formation Jalmat		Top Oil/Gas Pay 3013		Tubing Depth 3138			
Perforations 3013-77					Depth Casing Shoe 3465			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		280		150, cmt circ			
7 7/8	5 1/2		3465		300			
4 3/4	Open Hole		3540					

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.)

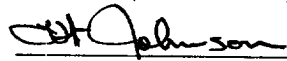
Date First New Oil Run To Tank 12/2/93	Date of Test 1/6/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 112	Water - Bbls. 37	Gas - MCF 34

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 2/28/94	Title 397-0426
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 02 1994  
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 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.