

OIL CONSERVATION DIVISION

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

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 32218
Address P.O. BOX 730, HOBBS, NM 88240		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain) Note: Langlie Mattix & Jalmat to be downhole commingled RE: NMOC Order # R-10033 of 12-10-93	
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 Cooper Jal Unit	Well No. 404	Pool Name, Including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>510</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</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	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? 11/13/93
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 10/16/93	Date Compl. Ready to Prod. 1/13/94		Total Depth 3750		P.B.T.D 3692			
Elevations (DF, RKB, RT, GR, etc.) GR-3314, KB-3324	Name of Producing Formation Jalmat		Top Oil/Gas Pay 3013		Tubing Depth 3600			
Perforations 3013-3279					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		1180		600, circ 32			
7 7/8	5 1/2		3750		925, circ 35			

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 1/1/94	Date of Test 12-25-93	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. 56	Water - Bbls. 160	Gas - MCF 104

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.

*Larry W. Johnson*

Signature  
Larry W. Johnson  
Engr Asst  
Printed Name  
1/29/94  
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 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.