## Submit 5 Cocies Appropriate Listrict Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104
Ranissa 1-1-19
See Instructions

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Azlec, NM 8741 T						TURAL G	_				
I. Operator		U I DAN	JOP (	J. 11 UIL	. AID IM	. OI ME CI	Well	API No.			
Texaco Exploration and Production Inc.						30 039 05173					
Address											
	ington, New	<b>Mexico</b>	874	401	<del>. M.</del> o.	(D)					
Reason(s) for Filing (Check proper box		~	·	<b></b>		er (Please expl					
New Well	Oil	Change in T	лашро Эгу Са		E	-FEGIIVE O	-1-31				
Recompletion	Casinghead	_	Conden								
Calana of annual sing same	<u>-</u>				Farmia	Now	Marrian	27401			
and address of previous operator 10	xaco Inc.	3300 K	tortn	Butler	Farmin	gton, New	Mexico	3/401	<del></del>	<del></del>	
II. DESCRIPTION OF WEL	L AND LEA	SE									
.ease Name Well N				•	ng Formation		State.	nd of Lease ite, Federal or Fee 3		ease No. '80	
JICARILLA D		2	LINDF	RITH GAL	LUP DAKO	TA, SOUTH	LINDIA	N		<del></del>	
Location	. 990	_	_	_ NO	NRTH	990	)	et From The	FAST	• •	
Unit LetterA	:	F	icat Fr	om The NC	Lie	e and	Fe	et From The		Line	
Section 05 Township 23N Range 4W					, NMPM, RIO ARRIBA County						
Scalus 2000	<u> </u>				···	-					
III. DESIGNATION OF TRA	ANSPORTE	R OF OIL	AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oi	<sup>1</sup> IX□	or Condensa	ie.		1	ve address to w					
Meridian Oil, Inc.					P. O. Box 4289 Farmington, NM 87499-4289						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 990 Farmington, NM 87499						
If well produces oil or liquids,		Unit Sec. Twp. Rge			Is gas actually connected? When						
give location of tanks.	A	•	23N	4W	<u> </u>	YES			1984		
If this production is commingled with t	nat from any other	er lease or po	ol, giv	e comming	ling order mun	iber:					
IV. COMPLETION DATA					1		· -	Y == -	<del></del>		
Designate Type of Completi	on - (X)	Oil Well	10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to F	rod.		Total Depth	<del></del>	<u></u>	P.B.T.D.	L		
<b></b>	1 .	·									
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	nation		Top Oil/Gas	Pay		Tubing Dep	th		
								D. d. C			
Perforations								Depth Casing Shoe			
		UDDIC (	A CD	NC AND	CEMENT	NC PECOP	<u> </u>	J			
HOLE SIZE		TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE				JE! WGE!					
					<u> </u>						
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE				la alla dan dh	. ما سم بایستان	for 6.11 24 ho	1	
						the equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Date First New Oil Run To Tank	Date of Tes	L .			1 I Constant I	oute (i to ii) p		,	<b>—</b> • •		
Length of Test	Tubing Pres	usure			Casing Press	rure		Chok 5	12 6	· VE	
The state of the s							Gas- IO		- U		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			JUN	<b>6</b> 199 <b>1</b>	
					<u> </u>			1		0 1331	
GAS WELL								0	IL CO	N. DIV	
Actual Prod. Test - MCF/D Length of Test					Bbis. Conde	assle/MMCF		Gravity of Condensate DIST 3			
					Casing Pressure (Shut-in)				<u> </u>		
Testing Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				mie (Spri-io)		Choke Size			
					<del> </del>			1			
VL OPERATOR CERTIF				NCE		OIL COM	NSFRV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
Division have been complied with a is true and complete to the best of a	ng ma me mon ny knowledge ar	nauon given d belief.	. =0046	•	Dat	e Approve	2 1991				
,					Date	a whhinge					
7mmill	w.			<u></u>	57	. , \ 4	ر جا				
Signature					District Change						
K. M. Miller Printed Name			rs. E		SUF	ERVISOR	DISTRIC	T #3			
March 28, 1991		915-6		834	Inte	<i></i>			<del></del>		
Date		Telep	hone N	ło.	H						

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 of 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.