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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST F									
TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
Texaco Exploration and Production Inc.						30 039 05683				
Reason(s) for Filing (Check proper box) New Well Recompletion	où [	in Transpo	orter of:		er ( <i>Please expla</i> FECTIVE 6-					
Change in Operator	Casinghead Gas	Conde					7404			
and address of previous operator		0 Norti	n Butler	Farming	ton, New	Mexico 8	7401			
II. DESCRIPTION OF WELL Lease Name  JICARILLA B	AND LEASE Well No	iame, Includia	g Formation Kind State (PRORATED GAS) INDIA			Lesse Lesse No. 366410				
Location Unit LetterD	: 660 Feet From The NORTH Line				and660	Feet From The WEST Line				
Section 05 Township 24N Range 5W				, NMPM, RIO			ARRIBA County			
III. DESIGNATION OF TRAN	SPORTER OF	OIL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Meridian Oil, Inc.					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289 Farmington, NM 87499-4289					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  Texaco Exploration and Production Inc.				Address (Give address to which approved 3300 North Butler Farmi			ngton, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. 24N			YES	When	When ? 08/24/90			
If this production is commingled with that IV. COMPLETION DATA						·····			<u> </u>	
Designate Type of Completion	- (X)   Oil W	eil	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		·•	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	rations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Pay		Tubing Depth			
Perforations				<u> </u>	<del> </del>		Depth Casing	Shoe		
	TUBING	G, CAS	ING AND	CEMENTI	NG RECOR	D				
		ASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	ļ									
V. TEST DATA AND REQUE	ST FOR ALLOV recovery of total volum	VABLE	C and must	he equal to or	exceed top all	owable for thi	s depth or be fo	or full 24 how	·s.)	
OIL WELL (Test must be after  Date First New Oil Run To Tank	Date of Test	20,000		Producing M	lethod (Flow, p	ump, gas lift,	uc.)	To the state of		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	<b>L V</b>	z i V ib	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCP <sup>CC</sup>	JUN	5 1991	
GAS WELL	_1,						0	II CO	N. DIV	
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conde	nsate/MMCF	2	Gravity of C	onden un 15	1.3	
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC			NCE		OIL COI	VSERV	ATION I	DIVISIO	DN	
I hereby certify that the rules and regularized have been complied with and is true and complete to the best of my	that the information;	given abo	Ye	11	e Approve		June E	<sup>2</sup> 1991		
2m Miller				By 3/						
Signature K. M. Miller Div. Opers. Engr.  Printed Name Title				SUPERVISOR DISTRICT #3						
March 28 1991	915	-688 <u>-</u>		Title	<i>-</i>			<del></del>		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

