5 abmit 5 Copies
Appropriate District Office
DISTRICT I
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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		IO IM	4110r		L AND NA	I UNAL G	MO					
Operator Texaco Exploration and Production Inc.							Well API No.					
Address						30 039 05725						
f	gton, Ne	w Mexic	co 87	401								
Reason(s) for Filing (Check proper box)	X Other (Please explain)											
New Well Change in Transporter of:						EFFECTIVE 6-1-91						
Recompletion	Oil Carinahaa		Dry G									
If change of operator give name		d Gas X								 -		
and address of previous operator 1exa II. DESCRIPTION OF WELL	AND I E		North	n Butler	Farmin	gton, New	Mexico	87401			_	
Lease Name Well No. Pool Name, Include					ing Formation			Kind of Lease		Lease No.		
JICARILLA B 2 OTERO GALL					-			State, Federal or Fee		366410		
Location	. 1590	· · ·									٦	
Unit Letter	OUTH Line and 990 Feet From The EAST Line											
Section 31 Township 25N Range 5W					, NMPM. RIO ARRIBA County					County		
III. DESIGNATION OF TRAN		R OF O					-			county	_	
Name of Authorized Transporter of Oil Or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Mendian Oil, Inc.						P. O. Box 4289 Farmington, NM 87499-4289						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) 3300 North Butler Farmington, New Mexico 874(
If well produces oil or liquids,	l Unit	Sec	·····					Farmington, New Mexico 87401				
give location of tanks.		31	25N	Rge.	YES			UNKNOWN				
If this production is commingled with that	from any oth	er lease or	pool, giv	ve comming	ing order num	ber:					_	
IV. COMPLETION DATA		100.00			1	1 :	·) <u> </u>			_	
Designate Type of Completion	- (X)	Oil Well	' ' '	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	1	
Date Spudded Date Compt. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Denth Casin	Depth Casing Shoe			
									g 5.100			
	Т	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D	1			1	
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT				
					<u> </u>						4	
											┨	
	 		<u> </u>	.,.							1	
V. TEST DATA AND REQUES											_	
OIL WELL (Test must be after re	Date of Tes		of load o	oil and must					or full 24 hou	rs.)	7	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Pressure			POPEGEIVE M				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			JUN 6 1991				
CACTUELL	<u> </u>				<u> </u>			JU			J	
GAS WELL Actual Prod. Test - MCF/D Length of Test					Bbls. Conden	sate/MMCF		Gravity of Condensate				
						7	117 Jr. 5 (1870 Fe 18 184)	DIST. 3	*************	1		
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)	,	Choke Size		Liena,	1	
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE							L	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dian a							
					Date ApprovedJUN 0 6 1991							
7. m. Miller							_		Λ			
Signature					By							
K. M. Miller Div. Opers. Engr. Printed Name Title					Title SUPERVISOR DISTRICT 43							
March 28, 1991		915-6	88-48		ll ille.			····SUH I	الملظنية	#3	-	
Date		Telep	phone N	0.	}							

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.