Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

SUPERVISOR DISTRICT

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Texaco Exploration and Production Inc. 30 039 05739 3300 North Butler Farmington, New Mexico 87401 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas EFFECTIVE 6-1-91 New Well Recompletion X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

Texaco Preducing inc. 3300 North Butler Farmington, New Mexico 87401 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation 483050 L L MCCONNELL BLANCO P.C. SOUTH (GAS) FEDERAL Location Feet From The NORTH Line and 980 1115 Feet From The WEST Line Unit Letter \_ **RIO ARRIBA** Range 3W 25N Township , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil XP. A. Barrett Control of the Control Mendin MOID Inc. Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company P. O. Box 990 Farmington, NM 87499 Sec. Twp. Rge. Is gas actually connected?

P. 1. 31 YES When? Unit If well produces oil or liquids, give location of tanks. UNKNOWN If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Diff Rea'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. PRTD Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or t OIL WELL Producing Method (Flow, pump, gas lift, ac. Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Length of Test Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved \_ MAY 2 2 1001 By\_ Signature

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

K. M. Miller

April 25, 1991

Printed Name

- 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.

Div. Opers. Engr.

915-688-4834 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.