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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texaco Exploration & Production, Inc.	Well API No. 30-039-05776
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 L.L. McCONNELL	Well No. #1	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee	Lease No. SF-079602
Location Unit Letter N : 1190' Feet From The SOUTH Line and 1450' Feet From The WEST Line Section 30 Township 25N Range 3W , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil, Inc. <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington NM 87401	
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co. <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit N Sec 30 Twp 25N Rge. 3W	Is gas actually connected? YES When? 1956
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-955		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded 9-15-55	Date Compl. Ready to Prod. 3-23-94		Total Depth 9011'		P.B.T.D. 8200'			
Elevations (DE, BKB, RT, GR, etc.) 7257' DF.	Name of Producing Formation MESA VERDE		Top Oil/Gas Pay 5786'		Tubing Depth			
Perforations 5786' - 5804'					Depth Casing Shoe 8170'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/4"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 387'		SACKS CEMENT 500 SX			
	5-1/2"		8710'		700 SX			
	2-3/8"							

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 gas depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test MCF/D 85 MCF/D	Length of Test 24 HRS.	Bbls. Condensate/MMCF 4 BBL.	Gravity of Condensate 58
Testing Method (pilot, back pr.) PUMP	Tubing Pressure (Shut-in) 650#	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.

Signature **Ted A. Tipton** Area Manager

Printed Name **3-24-94** (505) 325-4397

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 26 1994**

By **Charles G. Holton**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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.

NRCCD (5) RSD

