

Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|--|
| Operator Texaco Exploration and Production Inc. | | Well API No. 30 039 22367 |
| Address 3300 North Butler Farmington, New Mexico 87401 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91 |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator Texaco Production Inc. 3300 North Butler Farmington, New Mexico 87401 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|---|---|---------------------|
| Lease Name FARMING E | Well No. E 1 | Pool Name, Including Formation DEVILS FORK GALLUP (ASSOCIATED) | Kind of Lease State, Federal or Fee STATE | Lease No. 215260 |
| Location Unit Letter I : 1800 Feet From The SOUTH Line and 930 Feet From The EAST Line Section 02 Township 24N Range 6W, 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 87499-4289 | | | | |
| Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company | <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 87499 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 1 | Sec. 2 | Twp. 24N | Rge. 6W | Is gas actually connected? YES | When? 01/01/80 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | 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.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, 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 | Length of Test | Bbls. Condensate/MMCF | Gas - MCF |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | 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.

K. M. Miller
Signature K. M. Miller Div. Ops. Engr.
Printed Name Title
April 25, 1991 915-688-4834
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 25 1991

By [Signature]

Title SUPERVISOR DISTRICT 13

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.