Submit 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

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

I.	° REC	UEST TO T	FOR AL	LCW/	ABLE AND	AUTHOF	RIZATION	1			
Operator To Transport Oil and Natural							JAS Well API No.				
Texaco Exploration and P	!			0 039 22723							
Address 3300 North Butler Farm	inaton N	low Max				·		22.20			
Reason(s) for Filing (Check proper box	ington, N	ew Mex	100 87	401	X) o	ther (Please exp					
New Well		Change	in Transpo	rter of:		FFECTIVE (٠		
Recompletion	Oil	<u>ַ</u>	Dry Ga	_			0-1- 3				
Change in Operator X	Casingh	ead Gas	Conden	sate 🗌							
and address of previous operator Tex	aco Inc.	330	0 North	Butler	Farmin	gton, New	Mexico	97404			
II. DESCRIPTION OF WELL	L AND LE	FASE				Section 110	MEXICO	8/401			
Lease Name	Well No. Pool Name, Including					ling Formation Kind			of Lesse		
JICARILLA C	28 OTERO GALI				LIP Stat			, Federal or Fee			
Location		_					UNDL	AN	1 3333		
Unit Letter B	_ :79	0	_ Feet Fro	m The N	ORTH Lin	ne and165	<u>o</u>	eet From The EA	IST	Line	
Section 34 Towns	5W	,N	МРМ,		O ARRIBA County						
III. DESIGNATION OF TRAI	NSPORTI	ER OF C	IL AND	NATU	IRAL GAS						
Name of Authorized Transporter of Oil Meridian Oil, Inc.	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casis	P. O. Box 4289 Farmington, NM 87499-4289 Address (Give address to which approved copy of this form is to be sent)										
Texaco Exploration and Production Inc. If well produces oil or liquids, Unit Sec. Two Po					3300 North Butler			armington, New Mexico 87401			
give location of tanks.	Unit B	Sec. 34	Twp.	Rge. 5W			When	en ?			
f this production is commingled with that V. COMPLETION DATA	from any oti	ner lease or		comming	ling order numb	ber:		19	81		
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth			P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	F, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas P	Pay Pay		Tubing Depth			
erforations											
								Depth Casing Si	юе		
	Т	UBING,	CASINO	AND	CEMENTIN	IG RECORI					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								STONE SEIVENT			
	 										
					··						
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
IL WELL (Test must be after re ate First New Oil Run To Tank	Covery of tot	al volume a	f load oil a	and must b	e equal to or e	xceed top allow	able for this	depth or be for fu	il 24 houre	1	
are Lug Lea Oil Kill 10 190K	[1	Producing Met	hod (Flow, pum	φ, gas lift, et	c.)		"				
ength of Test		Casing Pressure									
	Tubing Pressure				Canal Licente			DEGETAL			
ctual Prod. During Test	Oil - Bbls.			· ·	Water - Bbls.			AMCF III			
								UU 61991 €			
AS WELL									- U 144	———	
ctual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			GOIL CON. D'			
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Dist			
			-,		restrik Licesotte	(Saut-ID)		Choke Size			
LOPERATOR CERTIFICA	TE OF	COMPI	IANCE	:							
I hereby certify that the rules and regulations of the Oil Consequence					OIL CONSERVATION DIVISION						
Division have been complied with and the is true and complete to the best of my known	at the inform	ation given	above	II.						•	
5/-					Date Approved			JUN 0 6 1001			
Signature					By						
K. M. Miller	D	iv. Oper	s. Engr	<u>. </u>	J,			~			
Printed Name Title March 28, 1991					Title_ SUPERVISOR DIGITAL #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.

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.