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 DIVÍSION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS												
Operator Texaco Exploration and Production Inc.								Well API No. 30 039 22784				
Address 3300 North Butler Farmington, New Mexico 87401												
Reason(s) for Filing (Check proper box) X Other (Please explain)												
New Well Change in Transporter of: EFFECTIVE 6-1-91												
Recompletion Dry Gas K												
Change in Operator X Casinghead Gas Condensate												
If change of operator give name and address of previous operator Texaco Inc. 3300 North Butler Farmington, New Mexico 87401												
II. DESCRIPTION OF WELL AND LEASE												
Lease Name	Well No. Pool Name, Including Formation							Kind of Lesse Lesse No.				
C W ROBERTS	ļ	ւ. ո			•	STEPPE (PROPATER CAR)			Federal or Fee 625530			
Location												
Unit Letter E : 1660 Feet From The NORTH Line and 820 Feet From The WEST										Line		
Section 18 Township 25N Range 3W						, NMPM, RIO ARR				RRIBA County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Name of Oil or												
Meridian Oil, Inc. P. O. Box 4289 Farmington, NM 87499–4289												
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)												
Texaco Exploration and Production Inc.						orth Butler		ington, New Mexico 87401				
If well produces oil or liquids, Unit Unit Unit E		Sec. Twp. 18 25N		Rge.	is gas actually connected? YES		When	Vhem ? 04/14/82				
	ļl.		·	<u> </u>					111,02			
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	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Pro		Prod		Total Depth		<u> </u>	P.B.T.D.	<u>. </u>	4		
Date Only Remy write.												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
					<u> </u>			Depth Casing Shoe				
Perforations				Depth Catalag	R 2010e	}						
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
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V. TEST DATA AND REQUES	T FOD A	LOWA	RLE		L			<u> </u>				
OIL WELL (Test must be after re	covers of total	al volume d	of load o	il and must	be equal to or	exceed top all	owable for this	s depth or be f	or full 24 hou	rs.)		
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.)												
	CD (* O F) 1 12 1									3 13 15		
Length of Test	Tubing Pressure				Casing Pressure			DE BUYE				
Actual Prod. During Test	I D. J. D. J. Torr				Water - Bbis.	 	· · · · · · · · · · · · · · · · · · ·	MCF		— <u>L</u>		
Actual Prod. During Test	est Oil - Bbls.				Water Boile			JUN2 41991				
CACHELL	·	 			1		- -	011	CON	DIV		
GAS WELL [Actual Prod. Test - MCF/D Length of Test						sate/MMCF	 	Gravity of C	ondentale	1717		
Aware Lion test Auctiv Trending Less							T		Dt51. 3			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Press	ure (Shut-ia)	ξ	Choke Size	***				
										-		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						DIL CON	JOERV	ATION I	אופור)NI		
I hereby certify that the rules and regulations of the Oil Conservation							۱۷/ اعاب	TION	J1 4 101C	/1 T		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						A	. لد	. /				
2/2 4 - 10						Date Approved						
L.M. Miller					By By							
Signature K. M. Miller Div. Opers. Engr.					By							
R. M. Miller Div. Opers. Engr. Printed Name Title					Title SUPERVISOR							
June 18,1991 915-688-4834												
Date Telephone No.										.		

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.