Submit 5 Cooles 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

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Astesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAN	ISPC	DRT OIL	AND NA	TURAL GA					
Operator Texaco Exploration and Production Inc.						Well API No. 30 039 22843					
Address 3300 North Butler Farming	ston Now	Movico	97/	101							
Resson(s) for Filing (Check proper box) X Other (Please explain)											
New Well Change in Transporter of: EFFECTIVE 6-1-91											
Recompletion	Oil Coringhaud		Ory Gas	<u> </u>							
If change of operator give name Toycoo loo 2000 North Durley Forming to 1											
and autres of previous operator											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.											
Lease Name JICARILLA C	Well No. Pool Name, Including I					State			Federal or Fee 366610		
Location Unit LetterB	: 790 Feet From The NORTH Line an					ne and1650	Peet From The EAST Line				
Section 33 Township 25N Range 5W , NMPM, RIO ARRIBA Cou									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Meridian Oil, Inc.						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 or Dry Gas X Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) 3300 North Butler Farmington, New Mexico 8740						
If well produces oil or liquids, give location of tanks.	Unit			is gas actually connected? When YES							
If this production is commingled with that f	rom any other	lease or po	ol, give	commingl	ing order nur	nber:					
IV. COMPLETION DATA		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -			<u>i</u> _		<u> </u>	<u>i</u> i		<u> </u>		<u> </u>	
te 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	Depth Casing Shoe		
	TUBING, CASING AND					CEMENTING RECORD			·		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOD AT	LOWAL	RIE		<u> </u>			<u> </u>			
OIL WELL (Test must be after re				il and must	be equal to o	r exceed top allo	wable for this	depth or be fo	or full 24 hou	rs.)	
					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Chok D	EGE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas-MCF	JUN 6	1991	
GAS WELL OIL CO!										V. DIV	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condentine S. 3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
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.					IIII O o coo						
2/m m. 11.					Date	e Approved	J	<u>J</u> U	<u>v v b 19</u>	4]	
Signature K. M. Miller Div. Opers. Engr.					By Share						
K. M. Miller Div. Opers. Engr. Printed Name Title March 28, 1991 915–688–4834					Title SUPERVISOR DISTRICT 13						
March 26, 1991			00-40		11						

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.