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Appropriate District Office
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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. **30-039-22843**
Address **3300 N. Butler, Farmington, New Mexico 87401**
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) **EFFECTIVE 6-1-91**
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☒ *Correction on trans. only*
If change of operator give name and address of previous operator **Texaco Inc. 3300 N. Butler Farmington NM 87401**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **JICARILLA C** Well No. **27E** Pool Name, Including Formation **OTERO GALLUP** Kind of Lease **State, Federal or Fee** Lease No. **366610**
Location Unit Letter **B** : **790** Feet From The **NORTH** Line and **1650** Feet From The **EAST** Line
Section **33** Township **25N** Range **5W** , NMPM, **RIO ARRIBA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ **MERIDIAN OIL, INC.** Address (Give address to which approved copy of this form is to be sent) **P.O. BOX 4289 FARMINGTON, NM 87499**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ **EL PASO NATURAL GAS CO.** Address (Give address to which approved copy of this form is to be sent) **P.O. 990, FARMINGTON, NM 87401**
If well produces oil or liquids, give location of tanks. Unit **B** Sec. **33** Twp. **25N** Rge. **5W** Is gas actually connected? **YES** When ? **09/23/82**

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 - Bbls.
RECEIVED
AUG 15 1991

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
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.
Sig **Ted A. Tipton** Area Manager
Printed Name **8/13/91** Telephone No. **(505) 325-4397**
Date Telephone No.
OIL CONSERVATION DIVISION
AUG 15 1991
Date Approved
By **Supervisor** SUPERVISOR DISTRICT #3
Title

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.