Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		1016	MNSF	OHIO	IL AND N	ATURAL (II API No.				
TEXACO INC	<u> </u>					•					-	
Address								30039231010001				
Reason(s) for Filing (Check proper bo	tler	Farmi	ngto	n NM	87401	(505)	325-43	207				
New Well	x)					ther (Please ex	plain))) /			_	
Recompletion	Oil	Change i	in Transp									
Change in Operator		L. ead Gas	Dry G									
If change of operator give name and address of previous operator	Catalign	EAG CAS	Conde	nsale			···					
•											-	
II. DESCRIPTION OF WELL	L AND L	EASE									-	
1.		Well No.	Pool N	lame, Includ	ding Formation		Kin	d of Lease			_	
C W Roberts 8 So. F				Blanc				te, Federal or Fee SF-79600				
								·		79600	-	
Unit Letter E	: <u> 1 /</u>	'85'	_ Feet Fr	rom The _F	NL Li	oc and10	90'	Feet From The	FWL			
Section 17 Town	shin 2	5n	Danas	2	_				- 111	Line		
			Range	3w			Rio Ar	riba		County		
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL AN	D NATI	RAL GAS						_	
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Cas	inch - 4 C				1							
TEXACO INC.	Gas 🗡											
If well produces oil or liquids,	Unit	Unit Sec. Twn			1 2200 MOI OIL BUCTEL			Farmington NM 82401				
give location of tanks.	i om:	Sec.	Twp.	Rge.	Is gas actually connected? Wh			nen?				
If this production is commingled with the IV. COLIPLETION DATA	t from any of	her lease or :	pool eive		l no		L					
IV. COUPLETION DATA	,		hoor' Brac	e continuingi	ing order num)er:						
Designation T. C.C.		Oil Well	l G	as Well	New Well	197	·	·			_	
Designate: Type of Completion	n - (X)	i	i	X	I MEM MEII	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			L		1 X		
11-7-82	3-14-90				6025			P.B.T.D. 5981				
-	evations (DI', RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
7143 DF So. Blanco PC EXT					3662							
3662-3682								Depth Casing Shoe				
TUBING, CASING AND				<u> </u>				6024				
HOLE SIZE	CAS	SING A TU	CASIN	G AND			D				l	
124		CASING & TUBING SIZE 8 5/8			DEPTH SET			SACKS CEMENT				
7 7/8 5.500					350			296 CU. FT.				
	2 3/4				6024 51/4 D.V. @ 5198			496 CU. FT.			l	
								955		Т.	l	
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	L		.V. @ 3		1348	CU. F	Τ,		
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of lot	al volume of	f load oil	and musi b	e equal to or e	xceed top allo	unhle for this	dent a			•	
Date First New Oil Run 10 Tank	Date of Test	1		1	Producing Med	hod (Flow, pun	P. Ras lift. el	c.l	E Con) V E	I	
Length of Test				, , gy., o.								
-	Tubing Pres	ente .		C	Casing Pressure			Choke Size	MAR2	6 1990	•	
Actual Prod. During Test	Oil - Bbls.	Oil Phi				<u> </u>						
	On - Dois.				Water - Bbls.			GAL-MCFOIL CON. DIV				
GAS WELL	L								DIS	Г. З		
Actual Prod. Test - MCF/D	Length of Te											
1549				B	Bbls. Condensate/MMCF			Gravity of Condensate				
osting Method (pitot, back pr.)	3 hrs. Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)							
back pressure						-		Choke Size				
I. OPERATOR CERTIFICATE OF COMPLIANCE					814			2" x	.750	ŀ		
i neterly certify that the fules and monitorious of the first					OII CONCEDIVATION TO THE							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION APR 0 6 1990							
												;
Clor a Bliss /msa												
Signature					By But) Chang							
Printed Name					SUPERVISOR DISTRICT #3							
3/26/90 (505) 335 4305					Title		, - • •	. wir with t				
Date (505) 325-4397 Telephone No.					· · · · · ·							
3.5			I TU.	- 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
- 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 nool in multiply asserting