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

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

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 III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator Texaco Exploration and Production Inc. 30 039 22513 3300 North Butler Farmington, New Mexico 87401 X Other (Please explain) Reason(s) for Filing (Check proper box) FFFFCTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Recompletion Oil X Casinghead Gas Condensate Change in Operator 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 Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No. Lease Name 366410 ¥ 20€ OTERO GALLUP JICARILLA B INDIAN Location _ :__1830 Feet From The SOUTH Line and 790 Feet From The WEST Lipe Unit Letter **RIO ARRIBA** Section 31 Township 25N Range 5W , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) \mathbf{X} P. O. Box 4289 Farmington, NM 87499-4289 Meridian Oil, Inc. or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X P. O. Box 990 Farmington, NM 87499 El Paso Natural Gas Company If well produces oil or liquids, Unit L] Twp. Rge. Is gas actually connected? When? 31 25N | 5W YES 07/22/81 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE . 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil - Bbls. 6 1991 JUN **GAS WELL** Bbls, Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation JUN 0 6 1991 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved . 3.1) By_ Signature SUPERVISOR DISTRICT #3 Div. Opers. Engr. Title Printed Name Title_ March 28, 1991 915-688-4834

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

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