Submit 5 Copies Ar propriate District Office DISTRICT 1 P.O. 30x 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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator 2:		THANSPO	HI OIL	- AND NA	TUHALG					
Texaco Exploration & Production						Well	API No. 30-039-25323			
Address 3300 N. Butler, Farmington, N										
Reason(s) for Filing (Check proper box)	tier, F	armingto	n, N			401				
New Well	Cha	nge in Transporte	er of:	[X Oil	net (Please exp	lain)				
Recompletion	Oil	Dry Gas		WI	ELL NAME	CHANGE				
Change in Operator	Casinghead Ga		te 🗆	F	ROM #19 !	TO #1A				
If change of operator give name and address of previous operator			 <u></u>							
II. DESCRIPTION OF WELL	AND LEASE	······································		· · · · · · · · · · · · · · · · · · ·	(1					
Lease Name ///71			e, Includi	1 - 7			of Lease No.			
L.L. MCCONNELL Location	i	#1A WEST	DRITH GALLUP/DAKOTA State			Federal or Fee SF 079602				
Unit Letter J	_:176	0 / Feet From	1 The	SOUTH			∞ From The	EAST	Line	
Section 30 Townshi	p 25N	Range	3 W				RIBA	C	ounty	
III DECICNATION OF TOAN	CBODTED O	TOH AND	N. 1 4 7777 1	~;"	$\mathcal{D}_{\mathbb{R}^{n}}$. ju	-			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	0.5	Ondensate —	NAIU	KA.	70 ⁰⁵	A	of this form	is to be sent		
MERIDIAN OIL, INC.					in col	nt _	MGTON	NGTON NM		
Name of Authorized Transporter of Casinghead Gas or Dry Gas TEXACO E & P INC.					0~1	<i>34</i>	of this form is to be sent) NGTON NM I this form is to be sent) UNGTON NM 10-93			
If well produces oil or liquids, give location of tanks.	Unit Sec.	1		Is gai	- الأوري	, (), (10-6) 2		
If this production is commingled with that				ing ord	oer:		10-3		J	
IV. COMPLETION DATA										
Designate Type of Completion	- (X)	Well Gas	Well	New Well	Workover	Deepen	Plug Back San	ne Res'v Diff	Res'v	
Date Spudded	Date Compl. Re	ady to Prod.		Total Depth	AND THE PERSON NAMED IN COLUMN	والمستوال المستوال ال	P.B.T.D.	<u></u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			8350' Top Oil/Gas Pay			8343′			
GR-7278'	GR-7278' GALLUP/DAKOTA				7112'			Tubing Depth 8212'		
Perforations	1				7.2.2		Depth Casing Sh			
GALLUP 6970	7300			7889′-8				8350	'	
		NG, CASINO		CEMENTI						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·	 			· · · · · · · · · · · · · · · · · · ·			<u> </u>			
/ PROTED AND A AND PROTEIN										
V. TEST DATA AND RÉQUES OIL WELL (Test must be after r.										
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	iume of load oil o	and must	be equal to or	exceed top all	owable for thi	depth or be for fu			
	Date of Test			Fromeing M	ethod (Flow, p	ump, gas iyi, e				
Length of Test	Tubing Pressure			Casing Pressure			JAN 2 8 1994			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL					·	 		Dist. 3	3 -	
Actual Prod. Test - MCF/D	Length of Test			Phia Conde		·				
	Exagai or rest		Bbls. Condensate/MMCF			Gravity of Conde	ensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	the sweets or Co.	1	
VI. OPERATOR CERTIFIC	ATE OF CO	MADI TANIC	E	<u></u>						
I hereby certify that the rules and regula	ations of the Oil C	onservation	E	(DIL CON	ISERV	ATION DI	VISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
1111111				Date ApprovedJAN 2 8 1994						
Made & Lempold for TAT				By -7 ~ 1						
Signature Ted A. Tipton Area Manager				By By Chang						
Printed Name	, .	Title	4207	Title		SUPER	VISOR DIST	RICT #8		
1-26-94 Date	(;	Telephone No.	459/							
	(Paul			U						

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.

NMOGCD (5)

