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Appropriate District Office
DISTRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Astesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30 045 21445 Texaco Exploration and Production Inc. Address Farmington, New Mexico 87401 3300 North Butler Other (Please explain) X Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion Cazinghead Gas X Condensate X 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 INDIAN Lease Na Well No. Pool Name, Including Formation 539080 NAVAJO TRIBE AR TOCITO DOME PENN. D (ASSOC.) Location Feet From The EAST Feet From The SOUTH Line and 1980 660 Unit Letter SAN JUAN Range 18W County 27 26N , NMPM, Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil XP. O. Box 4289 Farmington, NM 87499-4289 Meridian Oil, Inc. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas ____ El Paso Natural Gas Company Texaco Exploration and Production Inc. is gas actually connected? When 7 If well produces oil or liquids, give location of tanks. Rge. Twp Unit Sec. 1964 YES Mi 27 26N 18W 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 Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.R.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Length of Test Tubing Pressure - JUN2 4 1991 Water - Bbis. Actual Prod. During Test Oil - Bbls. OIL CON. DIV **GAS WELL** Gravity of The Paris Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Goka Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pilot, back pr.) VL 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. Date Approved _ JUN 24 4991 By_

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

Signature

Date

Printed Name

K. M. Miller

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR DISTRICT #2

All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834 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.