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

## 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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30 045 21482 Texaco Exploration and Production Inc. Address 3300 North Butler Farmington, New Mexico 87401 X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion X Cazinghead 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 Lease No. Well No. Pool Name, Including Formation 539080 NAVAJO TRIBE AR TOCITO DOME PENN. D (ASSOC.) INDIAN Location Feet From The WEST Feet From The NORTH Line and 1980 660 Line Unit Letter \_ SAN JUAN Range 18W 27 County , 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) Name of Authorized Transporter of Oil or Condensate WATER DISPOSAL WELL Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas [ WATER DISPOSAL WELL or Dry Gas Rge. Is gas actually connected? When ? Unit Sec. Twp If well produces oil or liquids, 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 Compl. Ready to Prod. Date Spudded Too Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **DEPTH SET** SACKS CEMENT 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. JUN 6 1991 QIL CON. DIV **GAS WELL** Rivis Condensate/MMCF Actual Prod. Test - MCF/D Length of Test DIST Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 6 1991 I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT #3 By\_ Signature Div. Opers. Engr. K. M. Miller Title Printed Name

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

March 28, 1991

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.

Title\_

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

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.