

State of New Mexico
Energy, Minerals and Natural Resources Department
Form C-104
Revised 1-1-89
See Instructions
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO Inc.	Well API No.
Address 3300 N. Butler, Farmington, New Mexico 87401	
Person(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) Previous transporter was <input type="checkbox"/> Completion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change of operator give name Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Address of previous operator	

DESCRIPTION OF WELL AND LEASE				
Well Name Navajo Tribe BU	Well No. 2	Pool Name, Including Formation Tocito Dome Penn. "D"	Kind of Lease Fed. State, Federal or Fee	Lease No. N00-C-14 20-543
Unit Letter B : 660 Feet From The N Line and 1980 Feet From The E Line Section 34 Township 26N Range 18W , NMPM , San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Meridian Oil Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO Inc.		Address (Give address to which approved copy of this form is to be sent) 3300 N. Butler, Farmington, NM 87401		
Well produces oil or liquids, location of tanks.	Unit M	Sec. 27	Twp. 26N	Rge. 18W
Is gas actually connected? YES			When ? 1975	

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Conditions (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Casinghead Gas		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Casinghead Gas		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

TEST DATA AND REQUEST FOR ALLOWABLE			
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.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Pressure of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL			
Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE	
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.	
SIGNED: A. A. KLEIER	
Signature	Area Manager
Dated Name	Title
9-29-89	505-325-4539
	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	OCT 03 1989
By	Original Signed by FRANK T. CHAVEZ
Title	SUPERVISOR DISTRICT

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
) All sections of this form must be filled out for allowable on new and recompleted wells.
) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
) Separate Form C-104 must be filed for each pool in multiple completed wells.