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

I.		O TRA	NSP	ORT OI	AND NA	TURAL G		77.11			
Openior Texaco Exploration and Production Inc.						Well API No. 30 045 23625					
Address 3300 North Butler Farming	gton, New	/ Mexic	o 87	7401							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	Change in	Transp Dry G Conde			er (Please explo FECTIVE 6	•				
If change of payment give name	co Promis		o	3300 No	rth Butler	Farmin	gton, Nev	/ Mexico	87401		
II. DESCRIPTION OF WELL	AND LEA	SE								.	
Lease Name P L DAVIS	Well No. Pool Name, Includi				St. (DDCD1777 C1C)			l of Lease Lease No. p, Federal or Fee 162480 ERAL			
Location Unit LetterP	:1030		. Feet F	rom The SC	OUTH Lin	e and	0 Fe	et From The	EAST	Line	
Section 26 Township	, NMPM, SAN JUAN County										
III. DESIGNATION OF TRAN	SPORTE	OF O	IL AN		RAL GAS	a address to w	hish annualed	som of this f	orm is to be se		
Name of Authorized Transporter of Oil or Condensate Meridian Oil, Inc.						Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289 Farmington, NM 87499-4289					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company						Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 26	Twp. 26N	Rge.		y connected? YES	When		/21/80		
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	pool, gi	ive comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	T	JBING,	CASI	NG AND	CEMENTI	NG RECOR	.D	1			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 								· \Š	3)	
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank	TFOR A ecovery of total	LLOW i al volume	ABLE of load	oil and mus	be equal to or	exceed top allo	owable for this	dept des	or All 24 hou	7	
Date First New Oil Run To Tank	Date of Test				10) 6						
Length of Test	Tubing Pressure				Casing Pressure			WAY DIV.			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			OIL DIST. 3			
GAS WELL							4.				
Actual Prod. Test - MCF/D	CF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulative division have been complied with and	stions of the C that the inform	Dil Conser nation giv	vation		(DIL CON	SERV	ATION	DIVISIC	N	
is true and complete to the best of my knowledge and belief.					Date	Approve	d	MAY 2 2	1991	·	
Signature K. M. Miller Div. Opers. Engr.					By						
Printed Name Title April 25, 1991 915-688-4834								IVISOR E	STRICT	13	
Date			phone i						• •	- -	

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.