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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.	Well API No. 30-045-06912
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator Northwest Pipeline Corporation, 3539 E. 30th St., Farmington, NM	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blanco	Well No. 1	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. I149IND8463
Location Unit Letter B : 790 Feet From The South Line and 1850 Feet From The East Line Section 1 Township 27N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	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 B	Sec. 1
	Twp. 27N	Rge. 9W
	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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)

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

GAS WELL

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

VI. 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.

Signature Alan A. Kleier
Printed Name **Alan A. Kleier** Area Manager
Date **1-28-91** Title **(505) 325-4397**
Telephone No.

OIL CONSERVATION DIVISION

JAN 30 1991

Date Approved _____
By Burt J. Chang
Title **SUPERVISOR DISTRICT #3**

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.

NMC 6-2-85 (4)

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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production Inc.	Well API No. 30-045-06912
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Texaco Inc. 3300 N. Butler, Farmington, NM 87401	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blanco	Well No. 1	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. I149IND8463
Location Unit Letter B : 790 Feet From The North Line and 1850 Feet From The East Line Section 1 Township 27N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	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 B	Sec. 1
	Twp. 27N	Rge. 9W
Is gas actually connected?		When ?

If this production is commingled with that from any other lease or pool, give commingling order number: ---

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 3 1/2
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 10,000

GAS WELL

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

VI. 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.

Signature **Ted A. Tipton** Area Manager
Printed Name **7-29-91** Title **(505) 325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 15 1991**
By **[Signature]**
Title **SUPERVISOR DISTRICT #3**

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

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- 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.

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address FOUR STAR OIL AND GAS COMPANY 3300 N. Butler Ave., Suite 100 Farmington NM 87401		² OGRID Number 131994
		³ Reason for Filing Code CH
⁴ API Number 3004506912	⁵ Pool Name BLANCO MESAVERDE (PRORATED GAS)	⁶ Pool Code 72319
⁷ Property Code 011142	⁸ Property Name BLANCO	⁹ Well No. 1

¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
B	01	T27N	R09W		790	NORTH	1850	EAST	SAN JUAN

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
¹² Lse Code F	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
014538	MERIDIAN OIL, INC 3535 E. 30th, Farmington NM	2508410	O	B 01 27N/09W
007056	EL PASO NATURAL GAS P.O. Box 990, Farmington NM	2508430	G	B 01 27N/09W
000118	GIANT REFINING COMPANY P.O. Box 12999 SCOTTSDALE, AZ 85267			

Produced Water

²³ POD 2508450	²⁴ POD ULSTR Location and Description B 01 27N/09W
------------------------------	--

Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ Total Depth 4498	²⁸ PBDT	²⁹ Perforations
³⁰ HOLE SIZE	³¹ CASING & TUBING SIZE	³² DEPTH SET	³³ SACKS CEMENT	
			0	
			0	
			0	

Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Date of Test	³⁷ Length of Test	³⁸ Tubing Pressure	³⁹ Casing Pressure
⁴⁰ Choke Size	⁴¹ Oil - Bbls.	⁴² Water - Bbls.	⁴³ Gas - MCF	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ 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.

Signature

Richard Hindi B. TAT

Printed Name

Ted A. Tipton

Title

Operating Unit Manager

Date

5/8/95

Telephone

325-4397

OIL CONSERVATION DIVISION

Approved By: 728

SUPERVISOR DISTRICT #3

Title:

Approval Date:

JUL 31 1995

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

022364 - TEXACO E. & P., INC.

Ted A. Tipton

Operating Unit Manager

5/8/95

Previous Operator Signature

Printed Name

Title

Date