

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.	Well API No. 30-045-22660
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 checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name JOHN CHARLES	Well No. 6A	Pool Name, Including Formation OTERO CHACRA	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> For Fee <input type="checkbox"/>	Lease No. I-149 IND 8466
Location Unit Letter I : 1850 Feet From The SOUTH Line and 840 Feet From The EAST Line Section 13 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO INC.	3300 N. BUTLER, FARMINGTON NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
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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
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded 9-2-77	Date Compl. Ready to Prod. 11-28-90		Total Depth 4470'		P.B.T.D. 4452'			
Elevations (DF, RKB, RT, GR, etc.) 5988'DF, 5976'GR	Name of Producing Formation CHACRA		Top Oil Gas Pay 2917'		Tubing Depth 3092			
Perforations 2917'-20', 2925'-28', 2933'-37', 2943'-45', 2949'-52', 2954'-57', 2978'-88', 3006'-09', 3080'-84', 3099'-3102', 3112'-21'.					Depth Casing Shoe ---			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 - 1/4"	9 - 5/8"		302'		275 SKS			
8 - 3/4"	7 - 0"		2353'		275 200 SKS			
	1" & 2-1/16"		3092'					
	4 1/2		2242 - 4467		225 SX			

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 ---	OIL CON. DIV. RECEIVED MAY 20 1991
Actual Prod. During Test ---	Oil - Bbls. ---	Water - Bbls. ---	

GAS WELL

Actual Prod. Test - MCF/D 816 667	Length of Test 3	Bbls. Condensate/MMCF 0	Gravity of Condensate DISC 3
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 114 FL	Casing Pressure (Shut-in) 361	Choke Size 1/2"

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.

Alan A. Kleier

Signature **Alan A. Kleier** Area Manager

Printed Name **4-17-91** Title **(505) 325-4397**

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 20 1991**

By *[Signature]*
Title **SUPERVISOR DISTRICT 13**

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.