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

OIL CONSERVATION DIVISION

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

P.O. Box 2088

•	T	OTRAN	ISP	ORT OIL	AND NAT	URAL GA	<u> </u>	API No.			
Operator							Well	API NO.			
TEXACO INC.							1				
3300 N. Butler, Farmin	acton M	M 87/10	1 1								
Reason(s) for Filing (Check proper box)	ilg Loui - N	M 0740	<u> </u>		Othe	r (Please expla	in) Prev	vious tra	ansporte	r was	
New Weil	Change in Transporter of: Giant Industries Inc., now it is										
Recompletion	Oil	r	Ory Ga		Meridian Oil Company effective 10/01/89.						
Change in Operator											
change of operator give name nd address of previous operator											
•	ANDIEA	CF.									
I. DESCRIPTION OF WELL Lease Name	ng Formation			Kind of Lease Fed Lease No.							
John Charles	Well No. Pool Name, included 7A Blanco Me							State, Federal or Fee I-149IND8466			
Location											
Unit LetterC_	:89	01	Feet Fr	rom The _N	orth Line	and155	50F	eet From The	Wes	Line	
Section 13 Townsh	ip <u>27</u>	N 1	Range	9	N, N	ирм, Sar	ı Juan			County	
II. DESIGNATION OF TRAN	SPORTE				RAL GAS	e address to wh		d arms of this t	form is to be se		
Name of Authorized Transporter of Oil		or Condens	ale	Ä						nt)	
Meridian Oil Company	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin					P. O. Box 990, Farmin						
El Paso Natural Gas C If well produces oil or liquids,	Unit I	Sec.	Twp. Rge.		is gas actually connected?			When?			
give location of tanks.	C	•	27N	9W	Yes	·	i	1/17/78			
f this production is commingled with that					ing order num	ж г					
V. COMPLETION DATA							,				
Designate Type of Completion	- (X)	Oil Well	ļ	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			
									Depth Casing Shoe		
Perforations								Depth Casi	ng Saxe		
	T	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					<u> </u>						
V. TEST DATA AND REQUE	ST FOR A	ILOWA	RLF								
OIL WELL (Test must be after	recovery of to	tal volume o	of load	oil and must	be equal to or	exceed top all	owable for il	his depth or be	for full 24 hou	ors.)	
Date First New Oil Run To Tank	Date of Te		<u>,</u>		Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size	Choke Size		
Longai of 100	Tuoing Transact						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.				Water - Bbis.			G25- MCI		
GAS WELL									Conduction		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pri	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			e		
VI. OPERATOR CERTIFI	CATE OF	COMP	LIA	NCE				,	DU (101)		
I hereby certify that the rules and reg						OIL COI	VSER/	/A HON	DIVISIO	אכ	
Division have been complied with an is true and complete to the best of m	d that the info	rmation give	en abo	ve	Dot	a Approve	nd	SEE	2 8 198	q	
GIGNES - A KLEIER						Date Approved SEP 28 1989 By Selection (1989)					
Signature					By_		5.1	marrar	CHDIST	. 7 # S	
Printed Name		Area	Tiue	nager_	Title)					
Date 929	<u> </u>	Tele	phone	No.							

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.