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 Instruction at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210 REQUEST FOR ALLOWABLE AND AUTHORIZATION 1000 Rio Brizos Rd., Aztec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS T. Well API No. Operator Texaco Exploration and Production Inc. 30 045 07575 3300 North Butler Farmington, New Mexico 87401 X Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: EFFECTIVE 6-1-91 New Well Dry Gas Oil Recompletion $\overline{\mathbf{X}}$ Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

Texaco Residual Inc. 3300 North Butler Farmington, New Mexico 87401 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. | Pool Name, Including Formation Lease No. Lease Name 502040 AZTEC PICTURED CLIFFS (GAS) MEXICO FEDERAL B FEDERAL Location Feet From The SOUTH Line and 1840 1190 Feet From The WEST Line Unit Letter SAN JUAN 28N Range 10W , NMPM, County Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil

Marketine Marketine Authorized Transporter of Oil or Condensate \mathbf{X} Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sunterra Gas Gathering Company P. O. Box 1869 Bloomfield, New Mexico 87413 y other leave is gas actually connected? When? If well produces oil or liquids, Unit give location of tanks. YES 1959 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Too Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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 OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _ M. Miller

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

Signature

Printed Name

K. M. Miller

April 25, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

SUPERVISOR DISTRICT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834 Telephone No.

- 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.