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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

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

OIL CONSERVATION DIVISION

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

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

	REQU	JEST FO	R ALLOWA	ABLE AND	AUTHOR	RIZATION					
<u>I.</u>	<del></del>	TO TRAI	NSPORT O	IL AND N	ATURAL C	SAS					
Operator						Well	API No.				
TEXACO INC.											
Address											
3300 N. Butler, Farm Reason(s) for Filing (Check proper box	ington.	<u>NM 8740</u>	01		/D/						
New Well	,	Change in T	ransporter of:		ther (Please exp	110	vious tran	sport	er was		
Recompletion	Change in Transporter of:  Oil Dry Gas					Giant Industries Inc., now it is					
Change in Operator	Casinghead		Condensate		Meridian	Oil Com	pany effec	tive :	10/01/89		
change of operator give name											
nd address of previous operator		<del></del>									
I. DESCRIPTION OF WEL	L AND LEA	ASE									
Lesse Name	Well No.   Pool Name, Incius			-			of Lease Fed Lease No.				
Bunce "A"		l Blance Mesa Verde				State,	Federal or Fee	SF7	8716		
Location											
Unit LetterA	: <u>690</u>	F	eet From The _	North L	ne and7	'90 F	et From The	East	Line		
<b>.</b>		_									
Section 19 Town:	ship 29N	R	lange	10W ,!	MMPM, S	an Juan			County		
II. DESIGNATION OF TRA	NSPORTE	P OF OII	AND NATI	IDAL CAS	•						
Name of Authorized Transporter of Oil		or Condensal				hich approved	copy of this form	is to be a			
Meridian Oil Company	X						ton, NM				
Name of Authorized Transporter of Cas	inghead Gas		r Dry Gas 🔯	Address (G	ive address to w	hich approved	copy of this form	15 to he =	ent)		
El Paso Natural Gas	Co.			1			on, NM 8				
f well produces oil or liquids,		Sec. T	wp. Rge	ls gas actua	lly connected?	When		, 401			
ve location of tanks.	A		29N   10W	Yes	3	i	3/1/79				
this production is commingled with th	at from any othe	r lease or por	ol, give commin	gling order nun	nber:						
V. COMPLETION DATA											
Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v		
Date Spudded		Bandu ta D	<u> </u>	Total Death	<u> </u>		ĻL_				
Jac Spanded	Date Compi	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas	Pav						
	I value of the	Adding 1 Oill					Tubing Depth				
erforations							Depth Casing Shoe				
TUBING, CASING				CEMENT	NG RECOR	D	!				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
TECT DATE AND DECUE	ST FOR A			<u> </u>	- <u>-</u>						
TEST DATA AND REQUE							•				
IL WELL (Test must be after			oad oil and musi					#24 pm	B) 80 12 1		
ate First New Oil Ruii 10 12ffk	Date of Test			Producing M	ethod (Flow, pu	υπφ, gas lift, el		U E			
ength of Test	Tubing Press			Casing Press	100		Cho				
	Tuoing Fless	uie		Casing Frees	416		SE	P28	1989		
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.						
•								Gas-MOIL CON. DIV.			
SAS WELL					***			DIST.	3		
ctual Prod. Test - MCF/D	Length of Te	-51		Bbls. Conden	cate AAACE		C				
				Dois. Couden			Gravity of Conde	118516			
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			re (Shut-in)	1	Choke Size		<del></del>		
					(,	;					
. OPERATOR CERTIFIC	ATE OF	OMPI I	ANCE					<del></del>			
I hereby certify that the rules and regu					DIL CON	SERVA	ID NOIT	/ISIO	N		
Division have been complied with and	that the inform	ation given a	bove						. •		
is true and complete to the best of my				Doto	Anarassa	4	CED 90	1000			
Store				ll pare	whhlosed	J	<u>SFP 28</u>	7227			
SIGNED: A. A. KLE	ER		·	5		7	$\omega$ d	/	/		
Signature				By_				Lamy .			
Printed Name		Area M Tiu	lanager Is	Title	·	SUF E	RVISION DI	STRIC	T # 3		
Date SEP 2 8 1996		Telephor	ne No.			•			-		
#FI # U 1J##				11							

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.