HO. OF COPIES REC	EIVED	1				
DISTRIBUTIO		[				
SANTA FE						
FILE						
U.S.G.S.						
LAND OFFICE	LAND OFFICE					
IRANSPORTER	OIL					
THAILST GRITER	GAS					
OPERATOR						
PROBATION OF						

SANTA FE					NEW MEXICO OIL			Form C-104			
					REQUES:	FOR ALLOWA	BLE	Supersedes Old C-104 and C-116 Ellective 1-1-65			
	FILE U.S.G.S.				AUTUODIZATION TO TE	AND					
	LAND OFFICE		<del>  -</del>		AUTHORIZATION TO TR	ANSPUR I UIL	AND NATURAL G	SAS			
		OIL	$\vdash$	$\dashv$							
	IRANSPORTER	GAS	1 1	$\neg$	• '						
	OPERATOR										
ı.	PROPATION OF	FICE	11-								
	Operator										
	TEXACO 1	INC.									
	Address										
					cez, CO. 81321						
	Reason(s) for filing	(Check )	proper t	box)			(Please explain)				
	New Well	H			Change in Transporter of:	PIE	evious trans	sporter was Gary			
	Recompletion	. H			Oil Dry		lustries Ind	now it is Giant			
	Change In Ownersh	1Р			Casinghead Gas Cond	ensate A Inc	ustries inc				
	If change of owner			e				1			
	and address of pre	vious ov	vner				······································				
I.	DESCRIPTION O	OF WEL	.I. AN	n I	FASE						
••	Lease Name	01 1122	7.0	<u> </u>	Well No. Pool Name, Including	Formation	Kind of Lease	20200			
	Federal	State	e Co	om	A l Basin Dak	ota	State, Federal	or Fee Federal NM01499			
	Location										
	Unit Letter N		, 8	300	O' Feet From The South	ine and 1650	f Feet From 1	rhe West			
	Line of Section	32	2	Town	nship 30N Rangell	W	, имгм. San	Juan County			
I.	DESIGNATION (	OF TRA	NSPO	RT	ER OF OIL AND NATURAL G	AS					
	Name of Authorized	Transpo	rter of	Oil	or Condensate 🔏	Address (Give a		ved copy of this form is to be sent)			
	Giant In					P. O. Bo	x 9156, Pho	penix, AZ 85068  ped copy of this form is to be sent)			
	· ·				inghead Gas or Dry Gas 💢	;					
	ElPaso N	latur	al C			P. O. Bo	ox 990, Farm	mington, NM 87401			
	If well produces oil give location of tan		ı,	i	Unit Sec. Twp. Rge.	.   '	•				
					N 32 30N;11W			12/18/64			
			ngled	with	h that from any other lease or poo	, give comminglin	g order number:				
•	COMPLETION D				Oil Well Gas Well	New Well Wo	rkover Deepen	Plug Back   Same Resty, Diff. Resty.			
	Designate Ty	pe of C	omple	tion	n = (X)		t 1				
	Date Spudded			П	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	·					1					
	Elevations (DF, RK	B, RT, G	R, etc.	,	Name of Producing Formation	Top Oll/Gas Pa	у	Tubing Depth			
				- 1		i					
	Perforations							Depth Casing Shoe			
					TUBING, CASING, A	ID CEMENTING I	RECORD	·			
	HOLE	SIZE			CASING & TUBING SIZE	DE	PTH SET	SACKS CEMENT			
	·			_							
								ļ			
-				1							
•		D REQ	UEST	FO		after recovery of to depth or be for full:		did must be equal to or exceed top allow			
,	OIL WELL Date First New Oil	Bun To T	Cank =	1	Date of Test		ed (Flow, pump, gas li)	( in )			
-	Date Little Mew Off	.,			, <del></del>						
	Length of Test				Tubing Pressure	Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size			
- [	manifer of 1 and				•			10 10 1887 NO			
-	Actual Prod. During	Teet		$\dashv$	Oil-Bbls.	Water-Bbls.		Gae-MCF			
								I Market State of the Control of the			
- 1											
	GAS WELL										
ļ	Actual Prod. Test-	MCF/D		$\neg \tau$	Length of Test	Bbls. Condensa	e/MMCF	Gravity of Condensate			
					-						
1	Testing Method (pit	tot, back	pr.)		Tubing Pressure (Shut-in)	Casing Pressure	(Shut-in)	Choke Size			
1					•						
Ĺ	CERTIFICATE	OF CO	(DI IA		F		OIL CONSERVA	TION COMMISSION			
•	CERTIFICATE (	OF COM	ir LIA	MU	. EG	1	OIL CONSERVATION COMMISSION 1987				
				.d	egulations of the Oil Consequation	APPROVED		AN IV . 19			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
						BY					
						TITLE SUPERVISOR DISTRICT					
		۶۰.	1. 4. 4.	÷	No Company	This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable for a newly drilled or d					
El Posto A A A 東南 (Signature)						I wall this for	m must be accompa-	nied by a tabulation of the deviation			
					•	tests taken	on the well in accor	dance with RULE 111.			
	AREA SUPERINTENDENT (Title) APR 2 7 1997					All sections of this form must be filled out completely for allowable on new and recompleted wells.					
(Date)						Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition					
						well name or number, or transporter, or other such change of condition					

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1. Co		IU IRA	CVIP	PUH	1 Oil	- AND NA	TUHAL G					
Operator TEXACO INC								Well	API No.			
TEXACO INC. Address		<del></del>		<u> </u>								
3300 N. Butler, Farmin	ngton. l	NM 87	401									
Reason(s) for Filing (Check proper box)  New Well		Change in	Tran	snorter (	of:		er (Please expl	110	vious tr	ansport	er was	
Recompletion	Oil		1	Gas			iant Ind					
Change in Operator	Casinghea	d Gas 🗍		densate	X	M	eridian	Oil Com	pany eff	ective .	10/01/89.	
If change of operator give name and address of previous operator			·									
II. DESCRIPTION OF WELL	AND LEA	ASE			,,							
Lease Name		Well No.	1			ng Formation		Kind	of Lease	d I	ease No.	
Federal State Com A	Basin	Dak	tota		2000	State, Federal or Fee NM01499						
Unit Letter N	. 80	00	Ena	Emm T	<b>h</b>	Lin	e and 16	50	Feet From The	W	• •	
Olit Death		×	. 100	. HOM I	.ne <u></u>	110	c 200		reet From The		Line	
Section 32 Townshi	P 30	N	Ran	ge	1	1W , N	MPM, Sai	n Juan			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	ATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden		[XX		Address (Give address to which approved copy of this form is to be sent)						
Meridian Oil Company						P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casing	•		or D	ry Gas	XX		e address to wi				ent)	
El Paso Natural Gas Co		C	12	_,_			ox 990, 1			87401		
give location of tanks.	Unit	Sec. 32	Twp		rge.	is gas actuali	-	Whe	n? 12/18/	161.		
If this production is commingled with that						ing order numi			12/10/	04	<del></del>	
IV. COMPLETION DATA		,										
Designate Type of Completion	- (X)	Oil Well	-	Gas W	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod	<u></u>		Total Depth	L	1	P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	mati	00		Top Oil/Gas	Pay		Tubing Depth			
						radiag separ						
Perforations	<u> </u>					Depth Casing Shoe						
	77	UDING	CAS	SINIC /	A NITO	CEMENTO	NG RECOR	D	1			
HOLE SIZE	1	ING & TU			עאגי	CEMENTI	DEPTH SET	ע	SACKS CEMENT			
(Ott Oith	0,0		Circ	J 0122			DEF III SET		SACKS CEMENT			
. TEST DATA AND REQUES	T FOR A	LLOWA	RL	F.	1				<u> </u>	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re					i must i	be equal to or	exceed too allo	wable for th	is depth or be t	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		-				thod (Flow, pu			· co · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing Pressure					Casing Pressure			Cloke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MOE P			
Total Lines During Lane	Oil - Bois.								au come oin			
GAS WELL	,		•	·					OIL	eren 9		
Actual Prod. Test - MCF/D	Length of To	est				Bbls. Condens	sate/MMCF		Gravity of C	ondensate		
Series Mathed (Sint back on )	Tubing Press	Sum (Shut	:01			Casing Pressu	m (Chiet in)	- Parente	Choke Size			
esting Method (pitot, back pr.)	ruoing ries	suic (Silui-	ш,			Casing Fiessu	ie (Situria)	4 4 y	Choice State			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE								
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.						Date ApprovedSEP 28 1999						
SIGNED: A A KLEIER												
Signature					_	By						
Printed Name SEP 2 8 1989 Area Manager Title						Title SUPERVISION DISTRICT # 3						
Date		Telep	phone	No.	-	1						
The second secon												

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.