Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator			Well A	LPI NO.		20				
Texaco Exploration & Production Inc.								30-045-95230		
Address 3300 N. Butler, I	Farmington	New	Mexico 8	37401						
Reason(s) for Filing (Check proper box)	a mington,		- IVIONIOO C		er (Please expla	iin)			·	
New Well	Chan	ge in Tra	insporter of:	<u>—</u>						
Recompletion	Oil	_	y Gas							
Change in Operator	Casinghead Gas	[] C	ondensate					·		
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE									
Well No. Pool Name, Include Wayne Moore Com Well No. Pool Name, Include Blanco I					ng Formation Kind of State.			E-11	ase No. 195	
Location VV ayric 101001C CC	,,,,,		Dianeo	TOSA VOI				1 11		
Unit LetterN	_ : 790'	Fe	et From The	South Lin	e and	760' Fe	et From The	Wes	t Line	
Section 16 Townshi	_p 31N	Ra	inge 9W	, N	мрм,		San Juan	<u> </u>	County	
III DESIGNATION OF TRAN	SPORTER O	F OIL	AND NATII	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Meridian Oil, Inc.					P.O. Box 4289, Farmington, NM 87499-4289					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Texaco E. & P. Inc.					Address (Give address to which approved copy of this form is to be sent) 3300 N. Butler, Farmington, NM 87401					
If well produces oil or liquids,	Unit Sec. Twp. F			 	y connected?	When	?			
ve location of tanks. N 16 31N			31Nj 9W	Yes			1959			
If this production is commingled with that if	from any other leas	e or poo	l, give commingli	ing order num	ber:					
IV. COMPLETION DATA	Oit	Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion			<u> </u>	İ	<u> </u>	<u>i</u> i	L		İ	
Date Spudded	Date Compl. Rea	dy to Pπ	xd.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
							'			
	TUBII	VG, CA	ASING AND	CEMENTI	NG RECOR	D	,			
HOLE SIZE	CASING	& TUBII	NG SIZE		DEPTH SET		SAC	CKS CEME	NT	
							-			

	7.505									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to or	exceed top allo	umble for this	denth or he for t	Gull 24 hair	·r 1	
Date First New Oil Run To Tank	Date of Test	wie oj it	ALCO OLI GIALI IIILASI	, 	ethod (Flow, pu	· · · · · · · · · · · · · · · · · · ·		. 25 5	क्षा चार 👫 🗆	
Length of Test	Tubing Pressure			Casing Pressure			Grafic Size \$1.31.1 1993			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF			
GAS WELL								357. 2		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF CO	MPLI	ANCE				<u> </u>		<u></u>	
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.				FEB 1/ 1993						
TOST	k			Date	Approved	ـــــ ك				
- CUXL				By						
Ted A. Tipton Area Manager				SUPERVISOR DISTRICT AS						
Printed Name 2-09-93	(50	Tiu 5)325	-4397	Title			ا ی این ۱۰۰ یا	· . 11 / 1 - 1	· ·	
Date		Telepho								

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.

 NMOGCD (5)