Submit 5 Copies
Arpropriate 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 I-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Address 3300 N. Butler, Farmington, New Mexico 87401 Examents for Finer (Check proper low) New West Recomplished Compared to Change in Transporter of Contents and Compared	Texaco Exploration & Production Inc. Well API No.											
Recompletion Charge for proper boar Charge in Transporter of Charge in Transporter of Charge in Transporter of Charge in Transporter of Charge in Open Charge in Transporter of Ch	Address								30-	045-239) 78	
Change in Transporter of Change in Transporter of Change in Control of the		er, F	arming	ton	, New							
Recompletion Oil			Change in	Transi	onter of:		et (Please expl	lain)				
Case to Depende Case Case		Oil			P							
TEARCO Libration of leading to the production of leading to the leading t		Casinghea	ad Gas 🔲	Conde	ensate 🔲							
Lease Name WAYNE MOORE COM Valid Lotter	and address of previous operator	CACO I	NC. 33	300	N. BUI	LER, F	ARMINGTO	ON, NM	87401			
WAYNE MOORE COM WAYNE MOORE COM WAYNE MANOS PERSONNE CLIFFS Sind of Laze 1. Leav No. MANOS PERSONNE CLIFFS Was produced in the produced of		AND LE		12								
Usit Letter P 790 Feet From the 8OUTH Lise and 790 Feet From the EAST Lise Section 16 Township 31N Range 9W NMFM SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil OI OI OF Coodenate Township Of Oil OI	WAYNE MOORE COM	Well No.	Pool i	Name, Includ BLANCO								
Section 16 Township 31N Rauge 9W NMFM, SAN JUAN COUNTY III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorited Transporter of Oil or Coordenate Township of Authorited Transporter of Oil or Coordenate Township of Authorited Transporter of Chilipplead City. Address (Give address to which approved copy of the form is to be seen) 3535 E. 30TM, PARKINGTON, NM 87401 Address (Give address to which approved copy of the form is to be seen) 3530 N. BUELLER, PARKINGTON, NM 87401 If well producted it is liquide, present the control of the present of County of the form is to be seen) 3530 N. BUELLER, PARKINGTON, NM 87401 If well producted it is inquide, present the see or pool, give commission more number: If this production is commission with tron any other less or pool, give commission more number: If this production is commission with tron any other less or pool, give commission more number: If this production is commission with the form of pool of the seen of pool, give commission more number: If this production is commission with the present less or pool, give commission more number: If this production is commission with the present less or pool, give commission mumber: If this production is commission with the present less or pool, give commission mumber: It was producted in a complete or the complete or pool, give commission mumber: It was producted in a complete or the complete or pool, give commission mumber: It was producted in a complete or the complete or pool, give and pool of and must be equal to or acceed top allowable for this dupth or be for full 24 hours) Forformions Tubing Pressure Casing Pressure Casing Pressure Choice Size OIL CONSERVATION DIVISION Date Approved AUG 1 5 1991 By Choice Size OIL CONSERVATION DIVISION Date Approved AUG 1 5 1991 By Chief Size OIL CONSERVATION DIVISION Date Approved AUG 1 5 1991	70	OUTH Lin	79	0 .	C	EAST	<u> </u>					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	Section 16 Townshi	. 3:	1N			,					Line	
Address (Cive actives to which approved copy of this form is to be seen) MERIDIAN OIL CO. Name of Authorited Transporter of Casinghead Gas TEXACO EXPL. & PROD. INC. Or Day Cas TEXACO EXPL. & PROD. IV. If producer oil or liquids, price boation is commission is commission in commission in commission in commission is commission in commission in commission in commission in commission is commission in com					·	, 111	мрм,	8/	AN JUAN		County	
ASSTRIATION OF COLORS Name of Authorized Transporter of Casinghead Gas TEXACO EXPL. & PROD. INC. If well produces it or liquids, pive location of tentity. P 16	Name of Authorized Transporter of Oil	SPORTE	or Conden	IL AN		RAL GAS Address (Giv	e address to w	hich armenu	d come of this	form is to be a		
TEXACO EXPL. & PROD. INC. It well produces it or liquids. P 16 31N 9W Rec. 1 by a sea actually connected? YES When ? 4-23-91 If this production is commissible with that from any other lease or pool, give commission or other number. If the production is commissible with that from any other lease or pool, give commission or other number. If the production is commissible with that from any other lease or pool, give commission or other number. If the production is commissible with that from any other lease or pool, give commission or other number. If the production is commissible with that from any other lease or pool, give commission of the number. If the production is commissible with the from any other lease or pool, give commission of the number. If the production is commissible with the from any other lease or pool, give commission of the number. If the production is commissible with the free recommission of the number. If the production is commissible with the free recommission of the number. If the production is commission of the number. If the pro						3535 E. 30TH, FARMINGTON, NM 87401					401	
If the production is commissed with that from any other lease or pool, give controlling order number. If this production is commissed with that from any other lease or pool, give communingling order number. If this production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed with that from any other lease or pool, give communingling order number. If the production is commissed. If the production is	TEXACO EXPL. & PROD. INC.					Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER. FARMINGTON. NM 87401						
If this production is comminged with that from any other lease or pool, give comminging order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spackded Date Compl. Ready to Prod. Date Spackded Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Ites must be after recovery of load volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Chofe Size Tubing Pressure Oil - Bbis. Gas WELL Actual Frod. Test - MCF/D Length of Test Oil - Bbis. Condensate/MMCF Gravity of Condensate/MMCF Gravity of Condensate/MMCF Gravity of Condensate/MMCF Orioke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Interest certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved AUG 1 5 1991 By SUPERVISOR DISTRICT *3		1 =-:			Rge.	Is gas actually connected?			en ?			
Designate Type of Completion - (X) Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Spudded Date Spudded Date Compl. Ready to Prod. Date Spudded	If this production is commingled with that			1	1		-	l	4-23-	91		
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Compl. Ready to Prod. Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Date Compl. Ready to Prod. Top Oil/Gai Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 hours.) Date of Test Producing Method (Flow, pump, gas lift, etc.) Longth of Test Artual Prod. Test - MCF/D Length of Test Oil - Bbis. GAS WELL Actual Prod. Test - MCF/D Length of Test Ubing Pressure Choke Size 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 By SUPERVISOR DISTRICT #3 SUPERVISOR DISTRICT #3	IV. COMPLETION DATA											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 hours.) Diet First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Chole Size Artual Prod. Test - MCF/D Length of Test Uil - Bbls. Water - Bbls. Grav WELL Gravity of Condensate/MMCF Gravity of Condensate/MMCF Gravity of Condensate/MMCF Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief By SUPERVISOR DISTRICT / 3 SUPERVISOR DISTRICT / 3	Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gar lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. Signature Signature A. Tipton Area Manager Printed Name Title SUPERVISOR DISTRICT #3	Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	I. <u> </u>	<u> </u>	P.B.T.D.	1		
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Choire Size At tual Prod. During Test Oil - Bbis. Water - Bbis. Gravity of Condeparts. Gravity of Condeparts. Signature I tubing Pressure (Shut-in) Casing Pressure (Shut-in) Oil CONSERVATION DIVISION Date Approved By SUPERVISOR DISTRICT 13 SUPERVISOR DISTRICT 13 SUPERVISOR DISTRICT 13 Title Title	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Der	Tubing Denth		
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of total oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Lergth of Test Tubing Pressure Casing Pressure Choke Size CAS WELL Actual Prod. Test - MCF/D Length of Test Bibls. Condensate/MMCF Gravity of Condensate/SIZE VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that information given above is true and complete to the best of my knowledge and belief. Signature Printed Name Title SUPERVISOR DISTRICT 13 SACKS CEMENT SACKS CEMEN	Perforations											
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Lergth of Test Tubing Pressure Casing Pressure Chole Size Chole Size Chole Size Gravity of Condeparts Gravity of Condeparts Tillia Superior Shu-in Date Approved AUG 1 5 1991 By Superior Sacks CEMENT SACKS									Depth Casii	ng Shoe		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL 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 hours.) Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.) Longth of Test Tubing Pressure Casing Pressure Casing Pressure Chole Size Chole Si		7	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Choke S	HOLE SIZE	CAS				DEPTH SET			SACKS CEMENT			
OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Choke S		ļ							ļ		·	
OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Choke S		- 					···		-			
OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Choke S					·							
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Longth of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Ch						 						
Tubing Pressure Casing Pressure Casing Pressure Choke Size Cho				of load	oil and must					for full 24 how	rs.)	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF Gravity of Condensate/MMCF Gravity of Condensate/M	Date First New Oil Run To Tank	Date of Tes	at .			Producing Me	thod (Flow, pu	vmp, gas lift,	etc.)			
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF Gravity of Condensate/MMCF Gravity of Condensate/M	Length of Test	of Test Tubing Pres				Casing Pressure			Cholescha	Ç. ,		
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate. Bbls. Condensate/MMCF Gravity of Condensate. Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 AUG 1 5 1991 By Supervisor District 13		Tuomg Tre	ruonig recosure				Cashing Freedom					
GAS WELL Actual Prod. Test - MCF/D Length of Test Bibls. Condensate/MMCF Gravity of Condensate. Gravity of Condensates. Gravity of Condensat	Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas-MCF	40015		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. Signature Signature Printed Name Title	GAS WELL	I		 	·	1			<u> </u>	7/18	BW	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. Signature Ted A. Tipton Area Manager Printed Name OIL CONSERVATION DIVISION Date Approved By SUPERVISOR DISTRICT 13	Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Condensate/MMCF			Gravity of Condensate			
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. Signature Ted A. Tipton Area Manager Printed Name OIL CONSERVATION DIVISION Date Approved By SUPERVISOR DISTRICT 13	lesting Method (pitot, back pr.)	Tubing Pre	ssure (Shut-	-in)		Casing Pressure (Shut-in)			Choke Size		•	
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. Signature Ted A. Tipton Area Manager Printed Name OIL CONSERVATION DIVISION Date Approved By SUPERVISOR DISTRICT 13	VI. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	JCF	ļ						
Signature Ted A. Tipton Area Manager Printed Name Date Approved AUG 1 5 1991 By SUPERVISOR DISTRICT 13	I hereby certify that the rules and regula	tions of the	Oil Conserv	ation		C	OIL CON	ISERV	ATION	DIVISIO	N	
Signature Ted A. Tipton Area Manager Printed Name Supervisor District 13	is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 1 5 1991						
Ted A. Tipton Area Manager Printed Name SUPERVISOR DISTRICT #3	- Lac Dal							~	d	/		
THE THE	The manager											
8-9-91 (505) 325-4397 IIII	Printed Name 8-9-91	(5	05)325	Title 5 - 4 3	97	Title			SID HOE	HICT #3		
Date Telephone No.	Date		<u>_</u>									

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.