

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|--|
| Operator Texaco Exploration and Production Inc. | Well API No. 30 045 24397 |
| Address 3300 North Butler Farmington, New Mexico 87401 | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91 | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | |
| If change of operator give name and address of previous operator Texaco Inc. 3300 North Butler Farmington, New Mexico 87401 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------|---|---|---------------------|
| Lease Name NEW MEXICO COM | Well No. X 1A | Pool Name, Including Formation BLANCO MESAVERDE (PRORATED GAS) | Kind of Lease State, Federal or Fee STATE | Lease No. 541280 |
| Location Unit Letter P : 1190 Feet From The SOUTH Line and 1080 Feet From The EAST Line Section 36 Township 30N Range 10W, NMPM, SAN JUAN County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------|-------|------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> MERIDIAN | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4289 FARMINGTON NM | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, NM 87499 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twsp. | Rge. | Is gas actually connected? YES | When ? 1981 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | 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 | | | |
| 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, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.

K. M. Miller
Signature
K. M. Miller
Printed Name
April 25, 1991
Date
Div. Ops. Engr.
Title
915-688-4834
Telephone No.

OIL CONSERVATION DIVISION

MAY 22 1991

Date Approved
By Barry D. [Signature]
SUPERVISOR DISTRICT #3
Title

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.

CML :
OG6WCMP

ONGARD
C104-AUTHORIZATION TO TRANSPORT

08/03/94 11:05:52
OGODJ -EMFR

OGRID Idn : 22364 API Well No : 30 45 24397 Pool Code : 72319
Operator Name : TEXACO EXPLORATION & PRODUCTION INC N W
Prop Name : NEW MEXICO COM Well No : 001A
B.H. Location: UL : P Sec : 36 Twp : 30N Range : 10W Lot Idn :
Prod Method (F/P) : F C104 Aprvl Dte : Gas Conn Dte :
NFO Permit No : NFO Eff Dte : NFO Exp Date :
Remove POD from WC: N Remove Transporter from POD : N
Sel:

Transporter Idn : 7057 Name : EL PASO NATURAL GAS CO
Point of Disp : 2509430 Transporter type (G/O/W) : G
Transporter Idn : 36401 Name : BOGUS WATER HAULER
Point of Disp : 2509450 Transporter type (G/O/W) : W
Transporter Idn : 14538 Name : MERIDIAN OIL INC
Point of Disp : 2812345 Transporter type (G/O/W) : O
Production Test : First Oil Prod Dte : 12-01-1980 Gas Dlv Date: 12-01-1980
Test Date : Tubing Pressure : Choke Size :
Oil(BOPD) : Gas(MCFD) : Water(BPD) :
AOF(MCFD) :

M0015:Table update is successful.

| | | | | | |
|-----------|------|--------------|-----------|------|--------------|
| PF01 HELP | PF02 | PF03 EXIT | PF04 GoTo | PF05 | PF06 CONFIRM |
| PF07 | PF08 | PF09 COMMENT | PF10 | PF11 | PF12 NXTRNSP |

V. TERMINATION OF REMEDIAL ACTION

Remedial action may be terminated when the criteria described below have been met:

A. SOIL

Contaminated soils requiring remediation should be remediated so that residual contaminant concentrations meet the recommended soil remediation level for a particular site as specified in Section II.A.2.b. Termination of remedial action will be approved by OCD upon a demonstration of completion of remediation as described above.

If soil action levels cannot practicably be attained, an evaluation of risk may be performed and provided to OCD for approval showing that the remaining contaminants will not pose a threat to present or foreseeable beneficial use of fresh water, public health and the environment.

B. GROUND WATER

A ground water remedial action may be terminated if all recoverable free phase product has been removed, and the concentration of the remaining dissolved phase contaminants in the ground water does not exceed New Mexico WQCC water quality standards or background levels. Termination of remedial action will be approved by OCD upon a demonstration of completion of remediation as described in above.

If the water quality standards cannot practicably be attained, an evaluation of risk may be performed and provided to OCD for approval showing that the remaining contaminants will not pose a threat to present or foreseeable beneficial use of fresh waters, human health and the environment.

VI. FINAL CLOSURE

Upon termination of any required soil remedial actions (Section V.) an unlined surface impoundment may be closed by backfilling, contouring to provide drainage away from the site and revegetating the site.

VII. CLOSURE REPORTS

Closure plans should provide a schedule for reporting the results of all closure activities.