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

ISTRICT II OF COMSES OIL CONSERVATION DIVISION

P.O. Drawer DD, Arionia, NM 88210	Outes and	anta Fe, New M	30x 2088	4-2088		/				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	JAREQUESTA				ZATION			•		
I.		ANSPORT O								
Operator TEXACO INC.			j			API No. 0039105070001				
Address 3300 North Butler	r Farmingt	on NM 87	401		· · · · · · · · · · · · · · · · · · ·					
Reason(s) for Filing (Check proper box)	raiming t	OH NM. 67		et (Piease expla	in)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		······································		
New Well	Change i	in Transporter of:			•					
Recompletion	Oil 🗀	Dry Gas								
Change in Operator	Casinghead Gas	_ Condensate		·	•					
If change of operator give name and address of previous operator										
IL DESCRIPTION OF WELL			Al - D		77:- 4	of Lease	,			
Lease Name Well No. Pool Name, Include Jicarilla "B" 10 SO.Blanc				o Pictured Cliff State,						
Location P	660'		East	661	n i	Sc	uth	Tina		
22	Unit Letter rect Prom The Line and rect From The Line									
Section 32 Township	p 25N	Range 5W	, NI	ирм,	 	RIO ARRI	BA	County		
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)								n)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								•		
TEXACO INC. 15 well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?							gton	NM.		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	1 -	2S	1	9-5-90)			
If this production is commingled with that	from any other lease o	r pool, give commin	gling order numb	R-70	657					
IV. COMPLETION DATA				· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completion		X	New Well	Workover X	Deepen	Plug Back San	me Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth 6135		P.B.T.D. 2792				
5-24-58 Elevations (DF, RKB, RT, GR, etc.)	8-10-90 Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
6715 D.F. SO.Blanco P.C.			2628	2628			2667			
Perforations (2628-2640) (2669-	26741 /2605	_26991 (26	92 <u>-</u> 2701	1 291 5	8 Hole	Depth Casing St 6134				
(2028-2040) (2009-		CASING ANI				0134				
· HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
15 " 10 3/4				328		300sx CIRC CMT.				
7_7/8	15.50		<u> </u>	6134			250sx TOC 4700			
	DV TOC		3645			500sx TOC 1500				
V. TEST DATA AND REQUES	T FOR ALLOW	2 3/4 ARLE	<u> </u>	2661		<u> </u>				
	ecovery of total volum		st be equal to or	exceed top allo	wable for this	depth or be for j	full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Test	Producing Me	Producing Method (Flow, pump, eas lift,			elc.)				
Length of Test	DEGELVEN			Casing Protection		Choice Size				
Length of Yest	Thing Pressure									
Actual Prod. During Test	Oil - Bhalan O			Water - Bola. SEPT W199		Gas- MCF				
	LOIL CO	N. DIV		il cor	. DIV					
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test UST. 2 24 HRS		Bbis. Condensate/MMCF		6	Gravity of Cond	iensate			
5.06 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		_1	Casing Pressure (Shut-in)		Choke Size				
Back Pressure	618	1 -	761		1/2					
VL OPERATOR CERTIFIC	ATE OF COM	PLIANCE		NI 00N	2501/					
I hereby certify that the rules and regula			1	JIL CON	SERV	ATION DI	AISIC	M		
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 JAN 0 8 1990						
and a Variante			Date	Date Approved JAN V 0 1930						
Man U. Never			By	By since Kasels.						
Signature Alan A.Kleier	Area Mana	ger		>						
Printed Name	-	Title	Title	DEPUTY CH	L & GAS II	NSPECTOR, DIS	ST. #3			
9-6-90 Dale	(505) 325	-4397								
	16	AVERAGE ITC.	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.