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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.	1	<u>U IRA</u>	INST	OHI OIL	ANU NA	I UHAL GA		Dt N =			
Operator Texaco Exploration and Production Inc.								Well API No. 30 039 05812			
Address 3300 North Butler Farming	nton No.	. Mayla		7401							
Reason(s) for Filing (Check proper box)	gton, New	Mexic	0 8	7401	X Oth	er (Please expla	in)				
New Well		EFFECTIVE 6-1-91									
Recompletion	Oil	Change in	Dry C								
Change in Operator	Casinghead	<u> </u>	•	ensate							
If shows of anomics sive same										<u></u>	
and address of previous operator	co Inc.		Nort	th Butler	Farming	ton, New	Mexico 8	37401			
II. DESCRIPTION OF WELL			ID1 1	Name Includ	as Essentian		Kind	of Lease	1	ease No.	
ase Name Well No. Pool Name, Include JICARILLA C 9 OTERO CHACE							State,	State, Federal or Fee INDIAN		10	
Location	L		1011	.110 0111401	in (ano)_		LINDIA	<u> </u>			
Unit Letter K	:1450	: 1450 Feet From The SOUTH Line and 1450						Feet From The WEST Line			
Section 28 Township 25N Range 5W						, NMPM, RIO ARRIBA				County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS				6.4. 6		
Name of Authorized Transporter of Oil		or Condet	essie	\mathbf{X}	1 '	e address to wh					
Meridian Oil, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X						P. O. Box 4289 Farmington, NM 87499-4289					
Name of Authorized Transporter of Casing El Paso Natural	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,	Sec.	Twp	Rge.	is one actuali	y connected?	When					
give location of tanks.	Unit	28	251		1 -	YES		-	KNOWN		
If this production is commingled with that	from any other	er leane or	pool, s	ive comming	ling order num	ber:					
IV. COMPLETION DATA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,								
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		L	i		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	
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	Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
	797	TIDINIC	CAS	INC AND	CEMENT	NG RECOP	D	1			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE CASING & T				SIZE	 	DEF IN OCT					
	 							 			
	 							 			
	 										
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLI	E							
OIL WELL (Test must be after t	ecovery of tol	al volume	of load	d oil and mus	t be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		-		Producing M	ethod (Flow, pu	mp, gas lift, e	uc.)			
								MI	T SI	W IC TE	
Length of Test	Tubing Pressure				Casing Press	ure		R. S.			
					ļ <u></u>		WW.	111 0 10	104 104		
ctual Prod. During Test Oil - Bbls.					Water - Bbls		Gas-MCI)	JN 619	191		
]				<u> </u>				CORI	DIV.	
GAS WELL								<u> Ul</u>	UVIV.	100	
Actual Prod. Test - MCF/D	Bbis. Conde	sate/MMCF		Gravity of C	Colorbook .	S					
	This bear of the in					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Castale (man-19)						
VL OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE	1	011 001	IOED:	ATION	חויים	NI	
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					JUN 0 6 1991						
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	d		V 1001.		
M. no not						• •	_		_1	,	
K. III II fulled					By_		3	<u> ۲</u> ۲	Then		
Signature K. M. Miller Printed Name		Div. Op	ers.				SUP	RVISOR	DISTRIC	T /3	
March 28, 1991		915-		-4834	Title						
Date		Tel	ephone	No.	- 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.

