

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO INC.		Well API No. 30045059380001
Address 3300 North Butler Farmington NM. (505)(325-4397)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lydia Rentz	Well No. 4	Pool Name, Including Formation SO. Blanco Pictured Cliff	Kind of Lease State, Federal or Fee	Lease No. SF-07960
Location				
Unit Letter A	: 990	Feet From The FNL	Line and 990	Feet From The FEL
Section 19	Township 25N	Range 3W	RIO ARRIBA	
		NMPM,	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EL Paso Natural Gas CO.	P.O. BOX 990 Farmington NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When?	
Yes	June-1973	

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
		X				X		X
Date Spudded 4-2-58	Date Compl. Ready to Prod. 4-3-90	Total Depth 8298	P.B.T.D. 3937					
Elevations (DF, RKB, RT, GR, etc.) 7292 RKB. DF	Name of Producing Formation SO. Blanco PC.	Top Oil/Gas Pay 3755	Tubing Depth 3754					
Perforations 3755-3778, 23' 2JSPF., 46 Holes .46 Diameter			Depth Casing Shoe 8264 RKB.					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NA	13 3/8		316'		350 sks			
NA	5 1/2		8264		3750 sks			
	2.375		3754					

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
		MAY 03 1990	

GAS WELL

Actual Prod. Test - MCF/D IP 843	Length of Test 3 Hours	Bbls. Condensate/MMCF 0	Choke Size 750X2.000x6"
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 784	Casing Pressure (Shut-in) 872	

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.

Alan A. Kleier

Signature Alan A. Kleier

Printed Name (505) 325-4397

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 23 1990

By James J. Smith  
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.