Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Asteria, NM \$8210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410						AUTHOR					
I. TO TRANSPORT OIL Operator Texaco Exploration and Production Inc.						L AND NATURAL GAS Well API No.					
Address						30 039 05966					
3300 North Butler Farmin	gton, Ne	w Mexico	0 874	401							
Reason(s) for Filing (Check proper box)						ver (Please exp				·····	
New Well		Change in			E	FECTIVE 6	-1-91				
Recompletion Change in Operator	Oil Casinghea	_	Dry Gas Condens								
If change of operator give name	co Inc.			Butler	Farmin	gton, New	Mexico	87401		 	
II. DESCRIPTION OF WELL	AND LE					A TONY	WEXICO	07701			
Lease Name	ing Formation		6-4-	of Lease	L	esse Na					
C W ROBERTS		3	BLAN	CO MES	AVERDE (P	RORATED C	AS) FEDE	Federal or Fe	6255	30	
Location Unit Letter O	. 1190) .	F . F	m The SC	OUTH	1450	D _		EAST		
. Old Letter	_ !		rea Pro	m the	Lib	e and	Fe	et From The	EAST	Line	
Section 18 Townshi	p 25	5N	Range	3W	<u>, N</u>	MPM,	RIC	ARRIBA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	LAND	NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate X Meridian Oil, Inc.						Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289 Farmington, NM 87499-4289					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X 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.				Rge. 3W							
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or po	ool, give	commingl	ing order numb	per:					
Designate Type of Completion	- (X)	Oil Well	G	s 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.	L.,	1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	ay		Tubing Depth			
Perforations	<u> </u>		 -	Depth Casing Shoe							
	Т	IRING C	'A SIN	G AND	CEMENTIN	C PECOD	<u> </u>	l			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SET	<u> </u>	SACKS CEMENT			
	THE SEE CHANGE TO SHIP STEEL					<u> </u>		SHORE CEMENT			
						 					
V. TEST DATA AND REQUES OIL WELL (Test must be after re											
Date First New Oil Run To Tank	r recovery of total volume of load oil and must Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
	Date of 102				Trouble inte	200 (1 1011) pm	·φ. εω ·ş·, ε.	·.,			
Length of Test	Tubing Pressure				Casing Pressure			BECEIVE			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			JUN2 4 1991			
GAS WELL				<u>-</u>							
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			OIL CON. DIV			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA				E			000	TIO: -			
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.					OIL CONSERVATION DIVISION :						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

K. M. Miller

June 18,1991

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title

SUPERVISOR DISTRI

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.