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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

| DISTRICT II P.O. Drawer DD, Antesia, NM 88210 | | | P.O. B nta Fe, New M | 30x 2088 | | | | | | |
|--|--|------------------------------|--|--------------------------------|-----------------|--------------|---------------------------|--------------------|-------------|--|
| DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 | REQU | | R ALLOWA | | | ZATION | | | | |
| I. Operator | TO TRANSPORT OIL AND NATURAL GAS | | | | | | Well API No. | | | |
| TEXACO INC. | | | | | | | | | | |
| Address | | n. 07/ | 01 | | | | | | | |
| 3300 N. Butler, Farmi Reason(s) for Filing (Check proper box) | ngton. | NM 874 | 01 | Oth | er (Please expl | ain) Proj | rious tr | ansporte | ~ | |
| New Well | | | Transporter of: | | iant Ind | 116 | | | | |
| Recompletion | Oil | _ | Dry Gas U | | | | | | .0/01/89. | |
| Change in Operator If change of operator give name and address of previous operator | Casinghea | G G25 | Condensate | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | ASE | | | | | | | | |
| Lease Name | Weil No. Pool Name, Includ | | | | | | of Lease Navajo Lease No. | | | |
| Dome Old Trading Post | | 2 1 | Bisti-Lowe: | r Gallup | | State, | Federal or Fe | NOO-C | -14-20-29 | |
| Location Unit LetterA | :_660 | 1 | Feet From The $rac{	ext{N}}{	ext{L}}$ | Lio | e and 990 | Fe | et From The | E | Line | |
| Section 15 Townsh | ip 26N | 1 | Range 1 | 4W , N | мрм, San | Juan | | | County | |
| III. DESIGNATION OF TRAN | SPORTE | R OF OII | L AND NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | XX. | or Condens | | | e address so wh | ich approved | copy of this f | form is to be se | ent) | |
| Meridian Oil Company | P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | |
| Name of Authorized Transporter of Casin | Accuress (Gay | e adaress to wh | uch approved | copy of this f | orm is to be se | ent) | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | | Twp. Rge. 26N 14W | Is gas actually | y connected? | When | ? | | | |
| f this production is commingled with that | from any other | | | | ber: | * | | | | |
| V. COMPLETION DATA | | Oil Well | Gas Well | Nov. 31/-11 | 1 22 - 4 | <u> </u> | Div. D. d. | la P | | |
| Designate Type of Completion | - (X) | IOII WEII | Gas Well | New Well | Workover | Deepen | Flug Back | Same Resiv | Diff Resiv | |
| 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 | 1 | - | | Depth Casin | g Shoe | | | | | |
| | m | UBING, C | CASING AND | CEMENTI | NG RECOR | D | <u> </u> | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | ·· | | |
| | , | | | | | | | | | |
| | | | | | | | | | | |
| . TEST DATA AND REQUES | | | | | | | | | | |
| OIL WELL (Test must be after red Date First New Oil Run To Tank | Date of Test | | toda ou ana must | | thod (Flow, pur | | | or juli 24 hour | 3.) | |
| AG 1 11 2 10 10 10 10 10 10 10 10 10 10 10 10 10 | | Date of Tex | | | | | | | | |
| ength of Test | Tubing Press | Tubing Pressure | | | Casing Pressure | | | - 100 M | ر كا أ | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | Gas- MCF | | 51N7 | |
| GAS WELL | | | | • | | | 1 1 | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of Condenialie | | | |
| esting Method (pitot, back pr.) | Tubing Press | sure (Shut-in |) | Casing Pressure (Shui-in) | | <u> </u> | Choke Size | والمعالم والمعارضة | | |
| I. OPERATOR CERTIFIC | ATE OF | COMPL | IANCE | | | 055 | | | | |
| I hereby certify that the rules and regula Division have been complied with and t | ations of the C | il Conservat nation given | noi | | OIL CON | SEHVA | MON [| OISIVIC | N | |
| is true and complete to the best of my knowledge and belief. | | | | Date ApprovedSEP_28_1989 | | | | | | |
| SIGNED: A. A. KLEIE | Ву | | 3 | () C | J. | | | | | |
| Signature Area Manager Frinted Name Title | | | | Title SUPERVISION DISTRICT # 3 | | | | | | |
| SEP 2 8 1989 | | | : | ''''e- | | | | | | |

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

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

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.