Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR A	LLOWAB	LE AND A	AUTHORIZ TURAL GA	ZATION AS				
TO TRANSPORT OIL							Well API No.				
Texaco Exploration and Production Inc.						30 045 23805					
Address 3300 North Butler Farmi	ngton, Ne	w <u>Mexic</u>	0 87	7401							
Reason(s) for Filing (Check proper box)			_	6		er (Please expl FECTIVE 6					
New Well	0"	Change in	Transp Dry G		Er	PECTIVE O	-1-31				
Recompletion \square	Oil Casinghea		Conde							_	
Tabassa of anamics give name	aco Inc.			h Butler	Farming	gton, New	Mexico 8	7401			
I. DESCRIPTION OF WELL	L AND LE	ASE					Vind	of I assa	1 1	an No	
case Name Well No.			i	Name, Includi: W ERLIITI	ag Formation AND SAND	PC (GAS)	State,	Kind of Lease State, Federal or Fee 172100 INDIAN			
DOME NAVAJO 13-26-13		3	111	VV T NOTI E	AID ONIO	10 (410)					
Unit LetterE	:1750)	Feet I	From The NO	RTH Lie	e and790) · Fe	et From The V	VEST	Line	
Section 13 Township 26N			Range	13W	, NMPM, SA			N JUAN County			
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conder	sate		Address (Gir	ve address to w	hich approved	copy of this for	rm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company						P. O. Box ly connected?		nington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 	Тwp. 	Rge.	is gas actual	YES	When ? 05/04/81				
If this production is commingled with th IV. COMPLETION DATA	at from any ot	her lease or	pool, g	give comming	ing order num	nber:				· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completic	m - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipi. Ready t	o Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.		_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE CASING & TUBING SIZE				SIZE	DEFINSE			 	HORO CEM		
											
								 			
U MOOT DATA AND DEOL	EST EOD	ALLOW	ARI.	F							
V. TEST DATA AND REQU OIL WELL (Test must be afti	er recovery of	ALLOW Iolai volumi	of loa	d oil and mus	t be equal to o	or exceed top at	lowable for th	is depth or be f	or full 24 hou	ors.)	
Date First New Oil Run To Tank	Date of T				Producing N	Aethod (Flow, p	oump, gas lift,	etc.)	-		
Length of Test	Tubing Pressure				Casing Pres	sure		D'E	EIV	EM	
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.			6 199	1	
								T JUN	<u>V 0 133</u>	D181	
GAS WELL Actual Prod. Test - MCF/D						ensate/MMCF	, &	OH	DIST: 3		
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
THE CORPORATION CONTRACTOR	TCATT O	E COM	DI 1/	NCE							
VI. OPERATOR CERTIF I hereby certify that the rules and re	ICAID U	ie Oil Cour	avation The	NICT		OIL CO	NSERV	'ATION	DIVISIO	NC	
Division have been complied with a is true and complete to the best of a	and that the inf	ormation gi	ven ab	ove	Dat	te Approv	ed	JUN	0:6:199	b h	
7.M. Willer						By But Change					
Signature K. M. Miller Div. Opers. Engr.						SUPERVISOR DISTRICT 13					
Printed Name March 28, 1991		915-	Title 688-	e -4834	Title	е					
Deta		Te	lephon	e No.	Н				1	į.	

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.