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Appropriate District Office
DISTRICT I
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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHORIZAT	ION			
TO TRANSPORT OIL AND NATURAL GAS Texaco Exploration & Production Inc.					Well API No. 30-045-28206		
Address 3300 N. Butle	er, Farmin	gton w	Mexico 87401	<u> </u>	30-04	5-28206	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Oil Casinghead Gas	Transport Dry Gas Condensate	Other (Please explain)				
f change of operator give name und address of previous operator	xaco Inc. 3	300 N. aut	ler, Farmington	, NM	87401		
II. DESCRIPTION OF WELL Lease Name JOHN CHARLES	AND LEASE Well No. 9	Pool Name, Includin BASIN F	g Formation RUITLAND COAL	Kind of State, Fe	Lease deral de Fee	Lease No. 149-IND-8466	
Location G	. 1850	Feet From The NO	ORTH Line and 2510		From The	EAST Line	
Section 13 Townshi	_p 27N	Range 9W			JUAN	County	
III. DESIGNATION OF TRAN	ISPORTER OF O	II. AND NATUE	RAL GAS				
			Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Texaco Inc.			Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER, FARMINGTON, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	When?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingli	ing order number:				
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover	Осереп	Plug Back Sau	me Res'v Diff Res'v	
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				Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE					
	recovery of total volume		be equal to or exceed top allowa. Producing Method (Flow, pump.			full 24 hours.)	
	Date of Test				a z e	FUED	
Length of Test	Tubing Pressure		Casing Pressure				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		са: мерс 1 = 1391		
GAS WELL					OILC	ON DAY	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Contentant		
Testing Method (pitot, back pr)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 is true and complete to the best of my knowledge and belief.			Date Approved AUG 1 5 1991				
TGE D LC							
Signature Area Manager			By SUPERVISOR DISTRICT 13				
Printed Name 8/5/91		25-4397	Title			110 · FU	
Date	Te	lephone No.					

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) Senarate Form C-104 must be filed for each pool in multiply completed wells