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Appropriate District Office
DISTRICT 1
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 Rottors of Page

## OIL CONSERVATION DIVISION

F.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	<u>O TRAN</u>	SPORT O	IL AND NA	TURAL GA	NS	DI No			
Operator Texaco Exploration and Production Inc.					Well API No. 30 045 22574					
Address	Ma	Marrian	07401							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	ton, New Oil Casinghead	Change in Tr	ransporter of: Ory Gas		r (Please expla FECTIVE 6-					
If change of operator give name	co Oktodani	inc.	3300 N	lorth Butler	Farming	gton, Nev	Mexico 8	7401		
and address of previous operator										
II. DESCRIPTION OF WELL A Lease Name MEXICO FEDERAL B		Well No.   P		uding Formation TLAND SAND	St. Carry			of Lease Federal or Fee 502040  RAL		
Location Unit LetterM	. 1180 Feet From The SOUTH Line and 840 Feet From						et From The W	EST	Line	
Section 09 Township 28N Range 10W					, NMPM, SAI			N JUAN County		
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NAT	URAL GAS		<del></del>		<del></del>		
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sunterra Gas Gathering Company  If well produces oil or liquids   Unit   Sec.   Twp.   Rge.				P. 0.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1869 Bloomfield, New Mexico 87413 Is gas actually connected? When ?					
If well produces oil or liquids, give location of tanks.	<u>i i</u>		<u>   i    i                            </u>		YES	Whea		NOWN		
If this production is commingled with that if IV. COMPLETION DATA	rom any othe	r lease or po	iol, give commi	ngling order num	ber:				<del></del>	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
	D CEMENTI	CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							
OIL WELL (Test must be after re	ecovery of tol	al volume of	load oil and m	usi be equal to or	exceed top alle	owable for the	s depth or be fo	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure					
Length of Test	Tubing Pressure				Water - Bbis			Gas-MCE 1091		
Actual Prod. During Test	Oil - Bbls.			Water - Boil	water - Boil			MAY 2 2 193		
GAS WELL							" COL	4.		
Actual Prod. Test - MCF/D	Length of T	esi		Bbls. Conder	Bbis. Condensate/MMCF			Orayity of Candendate		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-i	<u>n)</u>	Casing Press	ure (Shut-ia)		Choke Size			
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.					OIL CONSERVATION DIVISION  MAY 2 2 1991  Date Approved					
2/m. Willer				By_	3					
K. M. Miller Div. Opers. Engr.  Printed Name Title				.    '	SUPERVISOR DISTRICT 42					
April 25, 1991		915-6	88-4834 hone No.	Title		<del></del>				

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.