

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30 045 95233
Address 3300 North Butler Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91
If change of operator give name and address of previous operator Texaco Inc. 3300 North Butler Farmington, New Mexico 87401		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO COM B	Well No. 1	Pool Name, Including Formation BLANCO PICTURED CLIFFS (GAS)	Kind of Lease State, Federal or Fee STATE	Lease No. 541320
Location Unit Letter D : 990 Feet From The NORTH Line and 1090 Feet From The WEST Line Section 36 Township 30N Range 10W, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When ?
	YES	UNKNOWN

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
JUN 24 1991

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature K. M. Miller
K. M. Miller Div. Ops. Engr.
Printed Name
June 18, 1991
Date
915-688-4834
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 24 1991
By [Signature]
Title SUPERVISOR DISTRICT #3

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.



LTR



Job separation sheet

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

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 February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies
☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address FOUR STAR OIL AND GAS COMPANY 3300 N. Butler Ave., Suite 100 Farmington NM 87401		² OGRID Number 131994
		³ Reason for Filing Code CH
⁴ API Number 3004509046	⁵ Pool Name BLANCO PICTURED CLIFFS (GAS)	⁶ Pool Code 72359
⁷ Property Code 011192	⁸ Property Name NEW MEXICO COM B	⁹ Well No. 1

¹⁰ Surface Location

UI or lot no. D	Section 36	Township T30N	Range R10W	Lot.Idn	Feet From The 990	North/South Line NORTH	Feet From The 1090	East/West Line WEST	County SAN JUAN
--------------------	---------------	------------------	---------------	---------	----------------------	---------------------------	-----------------------	------------------------	--------------------

¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
¹² Lse Code S	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
007056	EL PASO NATURAL GAS P.O. Box 990, Farmington NM	2503130	G	D 36 30N/10W

Produced Water

²³ POD 2503150	²⁴ POD ULSTR Location and Description D 36 30N/10W
------------------------------	--

Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ Total Depth 2600	²⁸ PBTD	²⁹ Perforations
³⁰ HOLE SIZE	³¹ CASING & TUBING SIZE	³² DEPTH SET	³³ SACKS CEMENT	
			0	
			0	
			0	

Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Date of Test	³⁷ Length of Test	³⁸ Tubing Pressure	³⁹ Casing Pressure
⁴⁰ Choke Size	⁴¹ Oil - Bbls.	⁴² Water - Bbls.	⁴³ Gas - MCF	⁴⁴ AOF	⁴⁵ Test Method

<p>⁴⁶ 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.</p> <p>Signature <u>Packed Hindi Br TAT</u></p> <p>Printed Name Ted A. Tipton</p> <p>Title Operating Unit Manager</p> <p>Date 5/15/95 Telephone 325-4397</p>	<p>OIL CONSERVATION DIVISION</p> <p>Approved By: _____</p> <p>Title: <u>37.8</u> SUPERVISOR DISTRICT #3</p> <p>Approval Date: <u>JUL 31 1995</u></p>								
<p>⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator</p> <table><tr><td>022364 - TEXACO E. & P., INC.</td><td>Ted A. Tipton</td><td>Operating Unit Manager</td><td>5/15/95</td></tr><tr><td>Previous Operator Signature</td><td>Printed Name</td><td>Title</td><td>Date</td></tr></table>		022364 - TEXACO E. & P., INC.	Ted A. Tipton	Operating Unit Manager	5/15/95	Previous Operator Signature	Printed Name	Title	Date
022364 - TEXACO E. & P., INC.	Ted A. Tipton	Operating Unit Manager	5/15/95						
Previous Operator Signature	Printed Name	Title	Date						