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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

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

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 1-1-89
See Instructions
at Bottom of Page

'93 JAN 25 AM 10 39

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Texaco Exploration & Production Inc.		Well API No. 30-045-28683
Address 3300 N. Butler, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.Q. Marshall	Well No. 4	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal or Fee	Lease No. SF-078357-A
Location				
Unit Letter N	790'	Feet From The South Line and	1820'	Feet From The West Line
Section 1	Township 27N	Range 9W	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)					
Texaco E. & P. Inc.	3300 N. Butler, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 1	Twp. 27N	Rge. 9W	Is gas actually connected? Yes	When? 10/92

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
		X	X					
Date Spudded 9-14-92	Date Compl. Ready to Prod. 10-04-92		Total Depth 2185'		P.B.T.D. 2107'			
Elevations (DF, RKB, RT, GR, etc.) GR-5961', KB-5974'	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1750' 1931'		Tubing Depth 1928'			
Perforations 1931', 1938'-41', 1966'-82', 1989'-92', 1994'-96', 1998'-99', 2010', 2010'-12', 2016', 2018'-31', 2069'-71'.			Depth Casing Shoe 2185'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		312'		340 sx. - 106 sx.			
7-7/8"	5-1/2"		2185'		460 sx. - 110 sx.			
	2-3/8" Tbg		1938'					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED
JAN - 6 1993
OIL CON.
DIST 3

GAS WELL

Actual Prod. Test - MCF/D 119	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 50# FI	Casing Pressure (Shut-in) 65# FI	Choke Size 48/64"

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 	Area Manager
Printed Name Ted A. Tipton	Title (505)325-4397
Date 1-05-93	Telephone No. (505)325-4397

OIL CONSERVATION DIVISION	
Date Approved 1-15-93	JAN 15 1993
By 	
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.
- NMOGCD (5)