

Submit 5 Copies  
 Appropriate District Office  
 DISTRICT I  
 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 Bottom of Page

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator TEXACO INC.	(505) 325-4397	Well API No. 30039056830001
Address 3300 North Butler Farmington NM 87401		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator		

*Transporter Change Only*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "B"	Well No. 3	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Cont #68
Location				
Unit Letter D	: 660'	Feet From The North	Line and 660'	Feet From The WEST
Section 5	Township 24N	Range 5W	, NMPM, RIO ARIBBA County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil CO.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4289 Farmington NM. 87499
Name of Authorized Transporter of Casinghead Gas TEXACO INC.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3300 North Butler Farmington NM 87401
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5
	Twp. 24N	Rge. 5W
	Is gas actually connected? yes	When? 8-24-90

If this production is commingled with that from any other lease or pool, give commingling order number: R-7657

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						
Date Spudded 8-2-57	Date Compl. Ready to Prod. 10-6-67	Total Depth 7139	P.B.T.D. 7035					
Elevations (DF, RKB, RT, GR, etc.) 6659 D.F.	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6900	Tubing Depth 6870					
Perforations 6900-04; 6912-37; 6937-38		Depth Casing Shoe 7123						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 15"	CASING & TUBING SIZE 10 3/4		DEPTH SET 327		SACKS CEMENT 300 sx CIRC			
7 7/8	5 1/2		7123		600 sx TOC 5435			
			DV@ 3630		500 sx TOC 2155			

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

**RECEIVED**  
SEP 10 1990

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate (MCF)	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.

*Alan A. Kleier*  
 Signature  
 Alan A. Kleier Area Manager  
 Printed Name  
 Title  
 9-5-90 (505) 325-4397  
 Date  
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 10 1990  
 Original Signed by CHARLES GROLSON  
 By \_\_\_\_\_  
 Title DEPUTY OIL & GAS INSPECTOR, DIST. #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 1104.
- 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.