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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | | | |
|--|---|---------------------------|---|----------------|
| Operator | TEXACO INC. | (505) 325-4397 | Well API No. | 30039056830001 |
| Address | 3300 North Butler Farmington NM 87401 | | | |
| Reason(s) for Filing (Check proper box) | <input type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain) | | | |
| Recompletion | <input type="checkbox"/> | Change in Transporter of: | <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 | | | | |

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 Line | | | | | | | | |
| 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 | <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Meridian Oil CO. | | P.O. BOX 4289 Farmington NM. 87499 | | | | |
| 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 INC. | | 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? | When? |
| | | | | | yes | 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 |
| 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 | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 15" | 10 3/4 | 327 | 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 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Produced (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.

Signature Alan A. Kleier
Printed Name Alan A. Kleier Area Manager

Date 9-5-90 (505) 325-4397
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 10 1990
Original Signed by CHARLES GHOLSON
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.