

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>TEXACO Inc.</b>	Well API No.
Address <b>3300 N. Butler, Farmington, NM 87401</b>	
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 checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Other (Please explain) Previous transporter was <b>Giant Industries Inc., now it is Meridian Oil Co. effective 10-1-89.</b>	
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jicarilla "B"</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Otero Gallup</b>	Kind of Lease, Jicarilla State, Federal or Fee <b>Indian</b>	Lease No. <b>68</b>
Location Unit Letter <b>M</b> : <b>660</b> Feet From The <b>S</b> Line and <b>660</b> Feet From The <b>W</b> Line Section <b>32</b> Township <b>25N</b> Range <b>5W</b> , NMPM, <b>Rio Arriba</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Meridian Oil company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4289, Farmington, NM 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>TEXACO Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>3300 N. Butler, Farmington, NM 87401</b>	
Well produces oil or liquids, or location of tanks.	Unit <b>B</b>	Sec. <b>32</b>
	Twp. <b>25N</b>	Rge. <b>5W</b>
	Is gas actually connected? <b>Yes</b> When ?	

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

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.		
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Casinghead Gas						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

NEW 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

OLD WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 <b>STUART A. KEEFER</b>	Title
Printed Name <b>SEP 28 1989</b>	Telephone No.
Date	

OIL CONSERVATION DIVISION

Date Approved <b>SEP 28 1989</b>
By <b>[Signature]</b>
Title <b>SELECTION DISTRICT # 3</b>

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.

