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Appropriate District Office
DISTRICT |
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 Instruction at Bottom of Page

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 Well API No Operator Texaco Exploration and Production Inc. 30 039 88241 3300 North Butler Farmington, New Mexico 87401 Other (Please explain) Reason(s) for Filing (Check proper box) New Well EFFECTIVE 6-1-91 Change in Transporter of: Dry Gas Recompletion Oil X Condensate Change in Operator Casinghead Gas 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 Kind of Lease State, Federal or Fee INDIAN Well No. Pool Name, Including Formation Lease No. Lease Name 366610 JICARILLA C 15 BLANCO P.C. SOUTH (GAS) Location Feet Prom The NORTH _ Line and __ 1650 1650 Feet From The EAST Unit Letter 34 Township 25N Range 5W **RIO ARRIBA** , NMPM, Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate \mathbf{X} Meridian Oil, Inc. P. O. Box 4289 Farmington, NM 87499-4289 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Texaco Exploration and Production Inc. 3300 North Butler Farmington, New Mexico 87401 If well produces oil or liquids, give location of tanks. is gas actually connected? Twp When? Unit Sec. Rge. Gį 34 25N | 5W YES **UNKNOWN** If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover | Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test **Tubing Pressure** Water - Bbls. Actual Prod. During Test Oil - Bbls. JUN2 4 1991 OIL CON. DIV **GAS WELL** Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved . By_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Date

Printed Name

K. M. Miller

June 18,1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR DISTRICT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Div. Opers. Engr.

Title

915-688-4834

Telephone No.

- 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.

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