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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 16.	ANOF	ONIO	IL AND IN	TURAL		I API No.			
TEXACO INC.											
Address							· 			•	
3300 N. Butler, Farm	ington,	NM 87	401								
Reason(s) for Filing (Check proper box) New Well		Other (Please explain) Previous transporter was									
Recompletion	Change in Transporter of: Oil Dry Gas				Giant Industries Inc., now it is						
Change in Operator	Casinghead Gas Condensate									10/01/89.	
If change of operator give name	Canigne	20 025) C000e	mate							
and address of previous operator		·							 		
IL DESCRIPTION OF WELL	AND LE	EASE									
Lease Name Well No. Pool Name, Inc.								nd of Lease Jicarillalease No.			
Jicarilla "B" 15 Otero Ga								e, Federal or Fee 68			
Location							1.11	G.T.G.11 - G.01			
Unit LetterB	:669	0	_ Feet Fr	rom The N	Lic	e and198	<u>0· </u>	ect From The	E	Line	
Section 31 Townsh	ip 251	Ŋ	Dance	51	J .,	neme Rio	Arriba				
Secard JI 10Wills	2.J		Range		, <u>N</u>	MPM, R10	ALLIDA	 -		County	
III. DESIGNATION OF TRAI	NSPORTE	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Meridian Oil Company					P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casis	ighead Gas		or Dry	Gas	Address (Give address to which approved copy of this form is to be sent)						
Texaco Inc. If well produces oil or liquids,	Unit	1	1-		3300 N. Butler, Farmington, NM 87401						
give location of tanks.				is gas actuali	y connected?	When	1?				
I this production is commingled with that	from any or	er lease or i	25		lisa order sum						
IV. COMPLETION DATA		o.	poor, gr	o consuming	und order mmit	·····				~ ~~~	
		Oil Well		Gas Well	New Well	Workover	Deepen .	Plug Back	Same Res'v	Diff Res v	
Designate Type of Completion					<u> </u>	Ĺ	İ				
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	D .	· 				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					, , , , , , , , , , , , , , , , , , , ,			Tubing Depth			
Perforations								Depth Casing Shoe			
•									g 51.00		
	Т	UBING.	CASIN	IG AND	CEMENTIN	NG RECOR	D			·	
HOLE SIZE CASING & TUBIN			BING S	IZE	DEPTH SET			SACKS CEMENT			
	-										
	<u> </u>						·	<u> </u>			
. TEST DATA AND REQUES	T FOR A	LLOWA	RIF					<u> </u>			
IL WELL (Test must be after re				il and must i	he equal to as	erceed top allo	umble for thi		6.11 3.4 I		
Pate First New Oil Run To Tank	Date of Tes		,			thod (Flow, pur			or juli 24 hours	<u>s.,</u>	
ength of Test	Tubing Pres	sure	7		Casing Pressure			Charle Size			
ctual Prod. During Test	Oil - Bbls.			1	Water - Bbls.			Gas- MCF			
	L										
GAS WELL								Sept 1			
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condens	te/MMCF		Gravity of Co	ondensate		
sting Method (pirot, back pr.) Tubing Pressure (Shut			ra (Shut-in)			C					
			п)		Casing Pressure (Shut-in)			Choke Size			
I ODER LEON CERTIFIC	L TTE OF						· · · · · · · · · · · · · · · · · · ·				
I. OPERATOR CERTIFICATE OF COMPLIANCE						IL CON	CEDVA	TIONE		A.1	
I hereby certify that the rules and regula Division have been complied with and the						IL CON	SERVA	ATION L	וטופועונ	1	
is true and complete to the best of my k			. =~+6				,				
SIGNED: A. A. KLEJER					Date ApprovedSEP 5.8 19/19						
MUNICIPAL A. A. KLEJER					11						
Signature					By						
Printed Name CCC (2) Area Manager Title							SUPERN	ISION	ISTRICT	L T	
SEP 2 is 1989					Title_			~~ TOIL D	701V107	# S	
Date		Teleph	one No.								

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.

