Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator 30 039 05811 Texaco Exploration and Production Inc. 3300 North Butler Farmington, New Mexico 87401 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion X Cazinghead Gas Condensate Change in Operator 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 Lease No. Well No. | Pool Name, Including Formation Lease Name 366610 **BASIN DAKOTA (PRORATED GAS)** JICARILLA C INDIAN Location Feet From The SOUTH Line and 1650 Feet From The EAST Line Unit Letter **RIO ARRIBA** 27 Township 25N Range 5W County , NMPM. Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289 Farmington, NM 87499-4289 Meridian Oil, Inc. or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Texaco Exploration and Production Inc. 3300 North Butler Farmington, New Mexico 87401 Unit Twp. is gas actually connected? When? If well produces oil or liquids, give location of tanks. Sec. Rge. | 25N | 5W 27 UNKNOWN YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Gas Well New Well Workover Deepen Plug Back Same Res'v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test pke Size Casing Pressure Tubing Pressure Length of Test MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. JUN 6 1991 OIL CON DIV. **GAS WELL** Gravity of Coodensate, Rbis Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL 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 JUN 0 6 1991 is true and complete to the best of my knowledge and belief. Date Approved __ Signature SUPERVISOR DISTRICT Div. Opers. Engr. K. M. Miller

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

Printed Name

Date

March 28, 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_

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

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.

