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

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production Inc. 30 039 05818 3300 North Butler Farmington, New Mexico 87401 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well EFFECTIVE 6-1-91 Recompletion Oil Dry Gas X Casinghead 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 Well No. | Pool Name, Including Formation Lease Name Lease No. 366610 JICARILLA C OTERO GALLUP INDIAN Location 1980 Feet From The SOUTH Line and 660 Feet From The WEST Unit Letter Line Range 5W 27 25N **RIO ARRIBA** Section Township , NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate \mathbf{x} Meridian Oil, Inc. P. O. Box 4289 Farmington, NM 87499-4289 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Texaco Exploration and Production Inc. 3300 North Butler Farmington, NM 87401 If well produces oil or liquids, give location of tanks. Unit Sec. Twp is gas actually connected? When? В 28 25N 1 5W UNKNOWN YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth 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 Perforation Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE SACKS CEMENT DEPTH SET 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Dole Size Casing Pressure Length of Test Tubing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbls. 6 1991 OIL CON. DIV. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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 _ JUN 0 6 1991 By_ Signature Div. Opers. Engr. K. M. Miller Title Printed Name

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

March 28, 1991

Date

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

SUFERVISOR DISTRICT #3

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

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.

