Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No Operator Texaco Exploration and Production Inc. 30 039 05876 Address 3300 North Butler Farmington, New Mexico 87401 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 New Well Change in Transporter of: Recompletion Dry Gas X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

Texaco Producting 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 No. Lease Name 612980 LYDIA RENTZ BLANCO P.C. SOUTH (GAS) FEDERAL Location Feet From The SOUTH Line and 990 990 Feet From The WEST Unit Letter 25N **RIO ARRIBA** 19 Range 3W Township . NMPM. Section 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 Olt Inc. P.O. Box 4289 Formington, NM 87499-4289 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 El Paso Natural Gas Company P. O. Box 990 Farmington, NM 87499 Rge. Is gas actually connected? Unit Sec. Twp. When? If well produces oil or liquids, M 1982 26W 3W YES 12/31/57 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) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pav Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE 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	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 - Bbla.	Gas-Mg G P
GAS WELL			1 14 1 2 2 193 DIV
		This Condenses Anich	

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bibls. Condensate/MMCF

Granty of Chidensate

Casing Method (pitot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

VI. 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.

 J.M. Miller
 Div. Opers. Engr.

 Signature
 K. M. Miller
 Div. Opers. Engr.

 Printed Name
 Title

 April 25, 1991
 915-688-4834

 Date
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 2 2 1991

By 3

Title SUPERVISOR DISTRICT #5

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.