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

DIAM OI INEM 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 II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410	DEO	UEOT E	00.41								
I.	HEQ	UEST FO	UH AL	TOMA	BLE AND A	AUTHORIZ	ZATION				
Operator		10 Inc	MOPC	JAT UIL	AND NA	I UHAL GA		7 KI . I			
Texaco Inc						Well API No. 3003905878					
Address		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·) / O	**	
3300 N. Butler	. Farm	ington	. NM	874	0.1						
Reason(s) for ruing (Check proper box)		<u> macon</u>	C) LYIN	0/4		et (Please explo	zin)				
New Well		Change in	Transpo	rter of:		(,				
Recompletion X	Oil		Dry Gai	s 🗆							
Change in Operator	Casinghe	ad Gas 🔲	Conden	sate							
If change of operator give name and address of previous operator								1			
II. DESCRIPTION OF WELI	AND LE	ASE									
Lease Name	J.L. VD DL	Well No.	Pool Na	me Includ	ing Formation		V:-A	-61			
Lydia Rentz Location	1				Fruitlar	nd Coal		of Lease No. Federal or Fee SF-079601			
Unit Letter N	:11	90	Feet Fro	om The	South Line	and145	50 F	eet From The	West	Line	
Section 20 Towns	nip 25N		Range				lo Arr				
						irivi, R	LO AIT	LDa		County	
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conder	sile			e address to wh	iich approved	copy of this	form is to be s	ent)	
N		···	···						_		
Name of Authorized Transporter of Casi			or Dry	Gas X	Address (Giw	e address to wh	iich approved	copy of this	form is to be s	eni)	
El Paso Natural Ga If well produces oil or liquids,					P.O.	P.O. Box 990, Farmington, NM 87401					
give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	y connected?	When	7			
If this production is commingled with tha	t fmm any of	har lanca or			<u> </u>					· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	a mom any oc	nei lease of	pixa, giv	e commung	ing order nume	er:					
Designate Type of Completion	ı - (X)	Oil Well	C	ias Well X	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	te Compl. Ready to Prod.			Total Depth	L	l	P.B.T.D.	<u>.J. "</u>		
9-10-58	7-18-90				3900'			3740' cmt. R.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay				Tubing Depth			
7362' GR	Fruitland Coal				3668'				3693'		
Perforations								Depth Casing Shoe			
3668 - 3:	771									<u>-</u>	
					CEMENTI	NG RECOR	<u>D</u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<u> 10-</u>	10-3/4"				230'			200 sks		
	5-	5-1/2"				3900			sks		
	2-3/8"				3693	3693					
V. TEST DATA AND REQUE	CT FOD	HIOW	ADIE		<u> </u>					··	
-											
OIL WELL (Test must be after Date First New Oil Run To Tank			oj loga o	u and musi					for full 24 hou	ers.)	
Date that New On Run 10 Taux	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
								Chore Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCE			
								Gas- MCF			
GAS WELL					_1		· · · · · · · · · · · · · · · · · · ·	_1	Co.		
Actual Prod. Test - MCF/D	Length of	Test			Bbis, Conden	sate/MMCF	 	Gravity of			

back pr 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.

Signature Alan A. Area Manager

Testing Method (pitot, back pr.)

Printed Name 325-4397

Date Telephone 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.

Casing Pressure (Shut-in)

By_

Title

Date Approved

Choke Size

OIL CONSERVATION DIVISION

Original Signed by FRANK T. CHAVEZ

1/4"

OCT 3 1 1990

SUPERVISOR DISTRICT # 3

- 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

EMERICAL TO THE SECTION OF THE SECTI