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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Well API No. Operator 30 039 05878 Texaco Exploration and Production Inc. Address Farmington, New Mexico 87401 3300 North Butler Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of New Well Dry Gas Recompletion Oil Condensate X Casingh Change in Operator If change of operator give name and address of previous operator Farmington, New Mexico 87401 3300 North Butler Texaco Inc. Base. Coup FRI II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Leuse No. Pool Name, Including Formation Well No. Lease Name 612980 BLANCO P.C. SOUTH (GAS) 6 **FEDERAL** LYDIA RENTZ Location _ Line and __1450 Feet Prom The SOUTH Feet From The WEST Line 1190 **RIO ARRIBA** County Range 3W 25N , NMPM, 20 Township 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 Condensale Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas NNU +arm SHIP THAT When ? is gas actually connected? Sec. Twp. If well produces oil or liquids, give location of tanks. Rge. If this production is commingled with that from any other lease or root, give commingling order number: IV. COMPLETION DATA Diff Res'y Plug Back | Same Res'v New Well Workover Deepen Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE 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 Casing Pressure Tubing Pressure Length of Test Water - Bbls Oil - Bbls. Actual Prod. During Test UN2 4 1991 **GAS WELL** OIL CONTIDIA Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 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 _ By_ Signature Div. Opers. Engr. K. M. Miller SUPERVISOR DISTRICT 13 Title Printed Name Title_ 915-588-4834 June 18,1991

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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.

