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

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

## 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
See Instructions
at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			-				AUTHORI					
I. TO TRANSPORT OIL AND NATURAL GAS  Operator Well									API No.			
Texaco Exploration and Production Inc.									0 039 88384			
Address 3300 North Butler Farming	aton No	w Mayic	. R	740	1							
3300 North Butler Farmington, New Mexico 87401  Resson(s) for Filing (Check proper box)  X Other (Please explain)												
New Well Change in Transporter of:							EFFECTIVE 6-1-91					
Recompletion Dil Dry Gas												
Change in Operator	Casinghea	d Cas 🔲	Cond	en mie	: 🔲							
and address of previous operators	co Produ		c	33	00 No	rth Butler	Farmin	ngton, Ne	w Mexico 8	7401	····; · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL	OF WELL AND LEASE Well No.   Pool Name, Include					ne Formation Kind o			of Lease	Lease Lease No.		
Lease Name HALL	l l				State, I			Federal or Fee	ederal or Fee 288120			
Location			IA	ACI	IO FIC	TONED CLI	rrs (Fno	GAS [FED]	ERAL	<del></del>	<del></del>	
Unit Letter	: 1750 Feet From The SO					OUTH Line and 990 Fee			eet From The EA	et From The EAST Line		
Section 15 Township	ip 25N Range 3W				, NMPM, RIO			O ARRIBA	ARRIBA County			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND I	NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											ni)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company						Address (Giv			copy of this form is to be sent) nington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge			Rge.	is gas actuali	y connected? YES	When	When ? UNKNOWN				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, g	give o	ommingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	   	Gas	Well	New Well	Workover	Deepen	Plug Back   Sa	me Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	Prod.			Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Perforations									Depth Casing S	Depth Casing Shoe		
		UBING.	CAS	ING	AND	CEMENTI	NG RECOF	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SAC	SACKS CEMENT		
V. TEST DATA AND REQUES	TEOD	ILOW	ADIE									
OIL WELL (Test must be after re	ecovery of to	sal volume	of load	o doù a	nd must	be equal to or	exceed top all	lowable for th	is depth or be for	full 24 how	<b>T.</b> )	
Date First New Oil Run To Tank						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			PARTY	EIV	/ E M		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			JUN2 4 1991				
GAS WELL		<del></del>			<del>,</del>	·		<del></del>	OII C	ו ער	NIV	
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF			Gravity of Conteneue 3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ire (Shut-in)	<del>-   </del>	Choke Size				
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 heat of my knowledge and helief						2 - Jun 24 1091						
is true and complete to the best of my knowledge and belief.						Date Approved						
Signature  K. M. Miller  Div. Opers. Engr.						By						
R. M. Miller DV. Opers. Engr.  Printed Name Title  June 18,1991 915–688–4834						Title		SUPE	RVISOR DIS	TRICT	13	
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.
- 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.