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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		<u> </u>	HIJOL	ONI OIL	AND NA	I UNAL GA					
Operator Texaco Exploration and Production Inc.							l l	Well API No. 30 039 22930			
Address											
	ton, New	Mexic	o 87	7401	X Oth	et (Please explo	oia l				
Reason(s) for Filing (Check proper box) New Well	EFFECTIVE 6-1-91										
ecompletion Oil Dry Gas											
Change in Operator	Casinghead	Gas 🗌	Conde	nute 🗌							
trichange of operator give name and address of previous operator Texaco Inc. 3300 North Butler Farmington, New Mexico 87401											
II. DESCRIPTION OF WELL	ing Formation			Kind of Lease No.							
Lesse Name JICARILLA C	Well N LA C 32			RO CHACE	-			State, Federal or Fee INDIAN		366610	
Location Unit Letter J) Fe	et From The E	AST	Line	
	Township 25N Range 5W			5W	, NI	мрм,	RIC	RIO ARRIBA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Meridian Oil, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X						P. O. Box 4289 Farmington, NM 87499-4289 Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rge.					P. O. Box 990 Farmington, NM 87499 Is gas actually connected? When ?						
give location of tanks.	J	28	25N		1 -	YES			12/82		
If this production is commingled with that for	rom any othe	r lease or	pool, gi	ive comming	ling order numi	ber:				 	
IV. COMPLETION DATA	an	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Spudded Date Completion		Ready to Prod.			Total Depth	l	l	P.B.T.D.		<u> </u>	
					•						
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing	epth Casing Shoe		
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LiLOW i al volume	ABLE of load	; oil and must	be equal to or	exceed top allo	owable for thi	is depth or be fo	or full 24 how	3.)	
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.)										
		DECE TO THE									
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas-MCFUN 6 1991			
GAS WELL							·	OIL (.	DIV.	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Contesting (3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			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 best of my knowledge and belief.					Date	Date Approved JUN 0 6 1991					
H.M. Miller					By_	By 3) d					
K. M. Miller Div. Opers. Engr. Printed Name Title						SUPERVISOR DISTRICT					
March 28, 1991 915-688-4834					Title						

INSTRUCTIONS: This form is to be filled 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.

