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

DISTRICT II P.O. Drawer DD, Arlessa, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAI	NSPORT O	L AND NA	TURAL G	AS						
Operator						Weil	API No.					
TEXACO INC. Address								<u>.</u>				
3300 N. Butler, Fam		NM 8740	01									
Reason(s) for Filing (Check proper bo	(x)	C		∐ Oth	et (Please expl	ain) Pre	vious tr	ansporte	er was			
· · · · · · · · · · · · · · · · · · ·	(Cireck proper box) Change in Transporter of: Giant Industries Inc., now it is											
Change in Operator	Recompletion Oil Dry Gas Meridian Oil Company effective 10/01/8 Change in Operator Casinghead Gas Condensate V											
If change of operator give name	Caligno		X Samuel				·					
and address of previous operator		<u> </u>										
II. DESCRIPTION OF WEI	L AND LEA							,				
Jicarilla B			ool Name, Include Basin Da				Kind of Lease Jicar illa Lease No. State, Federal or Feeln dian 68					
Unit LetterJ	:16	500 F	eet From The	S Line	e and18	50 F	eet From The	E	Line			
Section 31 Town	aship 2	5 <u>N</u> F	lange	5W , N	MPM, Ric	o Arrib	a		County			
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi	ANSPORTE				4 4 dd-10 4 5		d & d :					
AA												
Name of Authorized Transporter of Ca	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)											
El Paso Natural Gas	r Dry Gas 💢	P. O. Box 990, Farmington, NM 87401										
If well produces oil or liquids,	Unit	Sec. T	wp. Rge.	Is gas actually		When						
give location of tanks.		31	25N 5W	ves			7/15/83					
If this production is commingled with the	nat from any other	er lease or po	ol, give comming	ling order numb	er:							
IV. COMPLETION DATA		(,						
Designate Type of Completion	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded		Date Compl. Ready to Prod.			Total Depth			L	<u> </u>			
Elevations (DF, RKB, Ri, GR, etc.)	Name of Pr	oducing Form	nation	Top Oil/Gas Pay			Tubing Depth					
Perforations	.1	·-·		Depth Casing Shoe								
		UBING. C	ASING AND	CEMENTIN	NG RECORI	<u> </u>	1					
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								SACKS SEMENT				
V. TECT DATA AND DECIL	FCT FOD A	I I OWAN					<u> </u>					
V. TEST DATA AND REQUIRED OIL WELL (Test must be after				he savel to an				t 6.11.24.1	1			
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)											
	te First New Oil Run To Tank Date of Test						a 3 6 6					
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size 2 7 5				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas-MCF P 7 R 1989				
GAS WELL							Enterior Contraction		WV.			
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFI	CATE OF	COMPL I	ANCE				L.,					
I hereby certify that the rules and reg					IL CON	SERVA	I NOITA	OISIVIC	N			
Division have been complied with an	nd that the inform	nation given a										
is true and complete to the best of m	Date Approved SFP 2.8 1989											
				-4.0	pp. 0 • 00		Δ					
Signature	By											
Area Manager Fristed Name Title				SUPERVISION DISTRICT # 3								
Date		Telenho		Title_								

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.

