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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |
|--|--|
| Operator<br>Texaco Exploration and Production Inc.   | Well API No.<br>30 039 23189   |
| Address<br>3300 North Butler Farmington, New Mexico 87401  |  |
| Reason(s) for Filing: (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)<br>EFFECTIVE 6-1-91        |  |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                |
| Change in Operator <input checked="" type="checkbox"/>   |  |
| If change of operator give name and address of previous operator<br>Texaco Inc. 3300 North Butler Farmington, New Mexico 87401 |  |

II. DESCRIPTION OF WELL AND LEASE

|   |                  |  |  |                     |
|---|------------------|--|--|---------------------|
| Lease Name<br>JICARILLA B   | Well No.<br>E 26 | Pool Name, Including Formation<br>OTERO GALLUP | Kind of Lease<br>State, Federal or Fee<br>INDIAN | Lease No.<br>366410 |
| Location<br>Unit Letter J : 1600 Feet From The SOUTH Line and 1850 Feet From The EAST Line<br>Section 31 Township 25N Range 5W, NMPM, RIO ARRIBA County |                  |  |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil<br>Meridian Oil, Inc. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 4289 Farmington, NM 87499-4289 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                          | Address (Give address to which approved copy of this form is to be sent)   |
| If well produces oil or liquids, give location of tanks.<br>Unit J Sec. 31 Twp. 25N Rge. 5W  | Is gas actually connected? NO When ?   |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                    |                                   |                                   |                                   |                                   |                                 |                                    |                                     |                                     |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| Date Spudded                       | Date Compl. Ready to Prod.        |                                   | Total Depth                       |                                   |                                 | P.B.T.D.                           |                                     |                                     |
| Elevations (DF, RK3, RT, GR, etc.) | Name of Producing Formation       |                                   | Top Oil/Gas Pay                   |                                   |                                 | Tubing Depth                       |                                     |                                     |
| Perforations                       |                                   |                                   |                                   |                                   |                                 | Depth Casing Shoe                  |                                     |                                     |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | GM-MCF     |

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GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

OIL CON. DIV.

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 K. M. Miller  
K. M. Miller Div. Ops. Engr.  
Printed Name  
March 28, 1991 Title  
915-688-4834  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 06 1991  
By Brian J. [Signature]  
Title SUPERVISOR DISTRICT #3

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.

