Kevised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQU	JEST FO	OR ALI	LOWA	BLE AND L AND NA	AUTHOR	IZATION				
Operator TEXACO Inc.		TOTIAL	Wal	API No.		<u> </u>					
Address											
3300 N. Butler	, Farm	ingtor	n, NM	1 8	7401						
Reason(s) for Filing (Check proper box) New Well					Oth	er (Please exp	lain) Pre	vious t	ranspo	rter w	
Recompletion	Oit	Change in 1	Transport Dry Gas	er of:	Glan	it indu	stries	Inc	now it	ic	
Change in Operator	Casinghea		Condens:		Meri	dian O	$il com_{j}$	pany ef	fectiv	e 10-1	-8
If change of operator give name and address of previous operator				- LA							
											
II. DESCRIPTION OF WELL Lease Name	AND LEA				····					·	
Jicarilla "C" well No. Pool Name, Includ									of Lease Indian Lease No.		
Location			Lind	rith	GL/DK	West	State	, Federal or Fe Cont	e	34	
Unit Letter L	. 1:	850 I	Cast Came	773	С						
	- •		reet Pron	o the	SLin	e and	190 F	eet From The	W	Lin	e
Section 21 Townshi	p 25N	1	Range	5W	, NI	MPM, Ric	o Arril	13		Country	
II. DESIGNATION OF TRAN	CDADTE						<u> </u>	<i>7</i> 6	· · · · · · · · · · · · · · · · · · ·	County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Condensa			RAL GAS						
Meridian Oil compay					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87						_
Name of Authorized Transporter of Casinghead Gas or Dry Gas IV					Address (Giw	on, NM	8749	<u>9</u>			
El Paso Natural (P.O.	Box 990), Farm	ington,	musio be s NM S	37401	
If well produces oil or liquids, jive location of tanks.	•		l'wp.		is gas actually	connected?	When	17	INT C	77401	
V	L L	21	25N	<u>5W</u>	<u> </u>		i				
I this production is commingled with that V. COMPLETION DATA	rom any othe	er lease or po	xxl, give o	commingl	ing order numb	xer:					_
		Oil Well	Co	Well	1 Nov. W. II			·			
Designate Type of Completion	- (X)		041	· wen	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	L	<u> </u>	P.B.T.D.	l		
Flevations (DE DVD DT CD								1.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations											
								Depth Casin	g Shoe		
	T	UBING, C	ASINO	AND	CEMENTIN	NG RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE				DEPTH SET			T	SACKS CEMENT		
		···						 	MCV2 CEM	ENI	
							_				
. TEST DATA AND REQUES	T FOR A	LOWAR	N F								
IL WELL (Test must be after re	covery of total	il volume of	load oil a	and must l	he equal to or a						
tale First New Oil Run To Tank	Date of Test				Producing Met	hod (Flow, pu	ma ear lia	depth or be for	or full 24 hou	-	
ength of Test				_	•	(o 1010) p.		DEG	EIV		
zugui & Test	Tubing Pressure				Casing Pressure			oke Size		_ U	
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.				281989		
Ŭ								ÖILCON. DIV			
GAS WELL	·			i	·				187 -		
ctual Prod. Test - MCF/D	Length of Te	est		 1	Bbls. Condens				• • •		
	i				Bota. Congent	ale/MMCF		Gravity of Co	odensale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressur	e (Shut-in)	process to the sec	Choke Size	<u> </u>		_
						•	į	Calone Size	مناعباتهما يمو	Billian California or care	
I. OPERATOR CERTIFICA	ATE OF (COMPL	IANC	E			·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
I hereby certify that the rules and regular	tions of the O	ii Conservati	ion	l		IL CON	ISERV.	NOITA	DIVISIO	N	
Division have been compiled with and it is true and complete to the best of my kn	iat the information and involved the control of the	auon given : belief	above							. • •	
5					Date	Approved	t	era aa	1000		
The state of the s					Date ApprovedSEP 2.8 1989					_	
Signature					By						
Printed Name SEP 28 person Title					C DETECTOR DO						
Date SEP A C 1887					Title_		221	TOTOM DI	SIKICT	# 3	
		Telepho	xoe No.								_
0.1											

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
- 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 complete.