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Appropriate District Office
DISTRICT I
P.O. Box 1940, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised I-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., Aztec, NM 87410

REQUEST FOR ALLOWARI F AND ALITHORIZATION

I.	11200					TURAL CA						
Operator	TO TRANSPORT OIL				L AND NA	THE TATIONAL GAS			Well API No.			
TEXACO INC. Address				-	<del></del> -							
3300 N. Butler, Farmi	ngton. N	<u>ım 874</u>	01									
Reason(s) for Filing (Check proper box)  New Well		Change in	Teneror	ter of:		et (Please expla	T.F.	jious tr	ansport	er was		
Recompletion	Change in Transporter of: Oil Dry Gas					iant Indu	stries	Inc., n	ow it i	S		
Change in Operator	Casinghead		Condens		М	eridian (	)il Comp	pany eff	ective	10/01/89.		
If change of operator give name and address of previous operator									<del></del>			
• •			<del></del>									
II. DESCRIPTION OF WELL Lease Name			Dool No.	ma İngludi	F	<del></del>	77.	4.	-1-1			
John Charles	Well No. Pool Name, Includi 7 Basin Dak							nd of Lease Fed Lease No.  Lease No.  Lease No.  Lease No.  Lease No.  Lease No.				
Location		<del></del>					——————————————————————————————————————					
Unit LetterN	:790	<u> </u>	Feet Fro	m The S	outh Lin	e and185	<u>0</u>	et From The	Wes	StLine		
Section 13 Townshi	ip 271	<u>N</u>	Range	9	W, N	мрм, San	Juan			County		
III. DESIGNATION OF TRAN	JCDADTE!	OF OT	I ANT	NATTI	DAT CAC							
Name of Authorized Transporter of Oil		or Condens		X	Address (Giv	e address to wh	ich auprowed	com of this f	com is to be s	ent l		
Meridian Oil Company					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of t				orm is to be s	rent)		
El Paso Natural Gas Co.								on, NM 37401				
give location of tanks.	ocation of tanks				Is gas actually	y connected?	When					
If this production is commingled with that	from any other	13	27N	9W	Yes			1960				
IV. COMPLETION DATA		or p	, g, .c	- CALIFIED IN ST	ing order neath							
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Despen	Plug Back	Same Res'v	Diff Resiv		
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	L			
		<del></del>			T 01.0		<del></del>					
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas I	ду		Tubing Depth				
Perforations	<del></del>	Depth Casing Shoe					··					
	G AND	CEMENTIN	NG RECORI	)								
HOLE SIZE	ING & TU	TUBING SIZE				SACKS CEMENT						
	-							<u> </u>				
	<del> </del>							<del> </del>				
						·						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L			<u> </u>	<del></del>			
OIL WELL Test must be after re	ecovery of tota	<b>il volume</b> oj	f load oil	and must	be equal to or	exceed top allo	vable for this	depih or be j	or full 24 hou	rs.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Press				Casing Pressu	<u> </u>		13 cm	12 R. F.			
Zagai o. Tou	Tubing Fressure						IN E	[전략 15] 1 학교 - 777 - 1				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		·	SEPS 8 33				
GAS WELL								<u> </u>	1-1-1-1	DIV		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	-			
reading intention (prior; out x pr.)	realing tressure (Mint.m)				Cally (Sile le)			Choke Size				
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regula  Division have been complied with and to is true and complete to the best of my k	ations of the Chat the informations and the informations and the informations and the informations are the informations and the informations are the information are	il Conserva	ition	CE		OIL CON		ATION I		)N		
BIGNED A A RELEISH					31101							
Signature  Area Manager Title Title					SUPERVISION DISTRICT # 3							
		·	<del>-</del>		Title_	<del></del> ·		-1	<del> </del>	<del></del>		
Date SEP		Telepi	hone 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.