Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

I.	T	O TRAI	NSP	ORT OIL	AND NA	TURAL GA	S	-1		- 	
Option								.Pl No.			
Texaco Exploration and Production Inc.						30 045 06482					
Address											
	ton, New	/ Mexico	87	7401	100		 				
Reason(s) for Filing (Check proper box)			_			er (Please expla					
New Well		Change in	-		Er	FECTIVE 6-	-1-91				
Change in Operator	Oil		Dry G	_							
	Casinghead	Gas [_]	Conde	ante							
If change of operator give name and address of previous operator Texas	co P	inc		3300 Nor	rth Butler	Farming	aton, New	<u>Mexico</u>	87401		
	4 3 183 T TO 4	CIE.									
II. DESCRIPTION OF WELL	ng Formation	ng Formation Ki			d of Lease Lease No.						
Pase Name Well No. Pool Name, Include MARSHALL GENTLE 1 BLANCO MES.					-	POPATED C		Federal or Fee 464560			
Location				NOO IIILOF	TALLIDE (HORATED G	NO) IFEDE	NAL			
L/	1650			. SO	UTH	1650	.	et From The	WEST	Line	
Unit Letter K : 1650 Feet From The SOI						UIH Line and 1050 Fee			a From the Line		
Section 14 Township	. 27	'N	Rance	9W	. N	MPM,	SA	N JUAN		County	
Geedon Township	<u></u>			<u> </u>							
III. DESIGNATION OF TRAN	SPORTE	R OF OI	LAN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condens		IX.	Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be se	int)	
Meridian Oil, Inc.	P. O. Box 4289 Farmington, NM 87499-4289										
Name of Authorized Transporter of Casing	Address (Giv	ddress (Give address to which approved copy of this form is to be sent)									
El Paso Natural Gas Comp	P. O. Box 990 Farmington, NM 87499										
If well produces oil or liquids,			Twp.	Rge.	is gas actuali	y connected?	When	?			
give location of tanks.	K	14	27N	l 9W	<u> </u>	YES	1	·	1963		
If this production is commingled with that i	rom any other	r lease or p	oool, gi	ive commingl	ing order num	ber:					
IV. COMPLETION DATA											
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	L_		<u> </u>	<u>L</u>	<u> </u>	<u> </u>	<u> </u>		
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.			
					- ATI-A			ļ			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								D 4 C 4 C			
Perforations								Depth Casin	g Shoe		
								<u> </u>			
TUBING, CASING AND								2.000.051.515			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	ļ							-			
								<u> </u>			
	ļ. <u>. </u>							 			
V. TEST DATA AND REQUES	TEODA	LLOWA	DIE	,	L	 		1			
OIL WELL (Test must be after r.					he equal to o	exceed top allo	mable for thi	s denth or he t	for full 24 hou	<i>σ</i> ε)	
Date First New Oil Run To Tank	Date of Tes		oj ioda	Ou and miss		ethod (Flow, pu					
Date Firm New Oil Roll 10 12th	Date of Tes	•				· · · · · · · · · · · · · · · · · · ·	7,0:,,	,			
Length of Test	Tubing Pres	taine.			Casing Press	ште		Choke Size	· · · · · · · · · · · · · · · · · · ·		
Langui W 104	Tubing Tie	Tubing Fressure									
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MGF			
	Jon Done										
C. C. WIELL	1			·····	1		1 1	** · · · · · · · · · · · · · · · · · ·	_ +A\		
GAS WELL					There are	note A A IPF		1 Carrier 187	19:411	-;-	
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Goadensale		
	Dibing Pressure (Shirt in)				Casing Pressure (Shut-in)			Choke Size			
Tubing Pressure (Shut-in)					Casting 1 toponie (outer-in)						
<u></u>	1				 			1			
VI. OPERATOR CERTIFIC				NCE		OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation					1		10L11V				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					_	•	,	MAY	2 2 199	1	
,	monsouge M	vviid.			Date	e Approve					
$2mm\cdot n$							7	إلمم	\sim		
Signature	/				By_				Than	/	
K. M. Miller		Div. Op	ers.	Engr.			SU	PERVISO	R DISTE	IOT #5	
Printed Name			Title		Title	· !				101 F3	
April 25, 1991		915-6	-886	4834	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.