Submit 5 Corries
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

DISTRICT II

OIL CONSERVATION DIVISION

O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Texaco Exploration & Production Inc. Well API No. 30-045-06684 Address 3300 N. Butler, Farmington, New Mexico 87401 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas 7 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Texaco Inc. 3300 N. Butler, Farmington, NM 87401 II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Formation Blanco Mesa Verde Well No. Blanco Kind of Lease Lease No 1149-IND8465 State, Federal or Fee Location 1503 North Unit Letter 1750 Feet From The East Line and Feet From The Line 12 27N Section Township 9W Range San Juan NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co. or Dry 🗱 🟋 Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, NM 87499 If well produces oil or liquids, Twp. Unit Sec. Rge. is gas actually connected? When ? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen | Plug Back | Same Res v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Derth P.B.T.D Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil Gas Pay Tubing Depth **Ferforations** 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 lyi, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbis AUG1 5 1991 **GAS WELL** Actual Prod. Test - MCF/D Length of Test GOV. DIV. Bbls. Condensate MMCF DIST 3 l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. AUG 1 5 1991 Date Approved ___

Signatured A. Tipton Area Manager Printed Name 91 (505) 325-4397 Date Telephone No

3.1) Oh SUPERVISOR DISTRICT #3 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
- 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.