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

State of New Mexico Energy, Minerals and Natural Resource

Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT

## OIL CONSERVATION :

LON

P.O. Drawer DD, Artesia, NM 88210			0.10		Box 2088	,10	M			_	
DISTRICT III		Sa	anta Fe,	New M	lexico 8750	Ŀ;					
1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR AL	LOWA	BLE AND A	Mi n	7471011				
I. Operator		TO TRA	ANSPO	DRT OI	L AND NAT		ZATION AS				
Texaco Explo	ration	ı & Pr	oduct	tion	Inc			API No.			
Addman				30-045-06684							
3300 N. Butl	er, F	armin	gton	, New	Mexico	87401					
Reason(s) for Filing (Check proper box) New Well					Othe	t (Please expl	ain)				
Recompletion	Oil	Change in	n Transpo	L3		•	•				
Change in Operator	Casinghe	ad Gas	Dry Gas Conden	\ .							
If change of operator give name and address of previous operator				<u> </u>							
II. DESCRIPTION OF WELL	ANDIE										
Lease Name Blanco	AND LE	Well No.	Pool Na	ma Indud	Ban Francis	·					
		2	100114	ol Name Including Formation Blanco Mesa Verde			_	Kind of Lease State, Federal or Fee		Lease No. I149-IND8465	
Location G		1503 N									
Unit Letter	_ :		_ Feet Fro	m The	orth Line	and	′50 F	et From The	East	Line	
Section 12 Townsh	ip 2	7N	Range	91	<b>V</b>	4D) 4		n Juan			
III DEGIGNATION OF THE						IPM,		Juan		County	
III. DESIGNATION OF TRAN	ISPORTE	or Condex	IL ANI	) NATU	RAL GAS						
Name of Authorized Transporter of Oil Meridian Oil Co.		or Conde	o sate	$\times$	Address (Give	E. 30tl	nich approved	copy of this for	NM 874	<i>i)</i>	
Name of Authorized Transporter of Casinghead Cos. or Dry Gas 🔀					3535 E. 30th, Farmington NM 87401  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,		1 6	l n	,			, Farr	Farmington, NM 87499			
give location of tanks.	l Ligit	ST2	27N	9W <sup>Rge.</sup>	is gas actually	connected?	When	?			
If this production is commingled with that	from any oth	ner lease or	pool, give	comming	ling order number	er:					
IV. COMPLETION DATA		_,									
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	I > Prod.		Total Depth		I	P.B.T.D.		l	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Form Perforations					Top Oil Gas Pay			1.5.1.6.			
								Tubing Depth			
							<del></del>	Depth Casing Shoe			
HOLE SIZE					CEMENTING RECORD						
TIOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									·		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		<u></u>						
OIL WELL (Test must be after r				and must	be equal to or e	xceed top allo	mable for thi	depih or be for	full 24 hours	1	
Date First New Oil Run To Tank	Date of Tes	st			Producing Meu	hod (Flow, pu	mp, gas lýs, e	(c)	1 5 1		
Length of Test Tubin		ikina Danama				Cosine Description				U (L.	
	Tuoning Free	Tubing Pressure				Casing Pressure			0 639	191	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
								O.E		DIV	
GAS WELL Actual Prod. Test - MCF/D	Ti								L 37. 3	j	
Actual Prod. Test - MCP/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)		lubing Pressure (Shut-in)			Casing Pressur	e (Shut-in)		Choke Size			
	1										
VI. OPERATOR CERTIFIC				CE		II CON	CEDV	ATION D	1.410101		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my i	mowledge ar	nd belief.	22 20010		Date	A porovo	, NO	OV 2 0 199	1		
JNaJI					Date	Approved		^			
Sip Ted A. Tipton Area Manager					By Bin) Chang						
Discourage 2					SUPERVISOR DISTRICT #3						
Primed Name - 91 (505) 325 4397					Title						
Data					11						

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. MucAbriceparate Form C-104 must be filed for each pool in multiply completed well-