Submit 5 Copies
Appropriate District Office
DISTRICT I
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 P.O. Drawer DD, Artesia, NM 88210

OIL CONSIDERATION DIVISION P.(- Box 2088

DISTRICT III

1exico 87504-2088 Santa Fe, Ne

00 Rio Biazos Ru., Aziec, NW 81410							UTHORIZ URAL GA					
Texaco Exploration & Production							Well API No. 30-045-22660					
ddress 3300 N. Butl	er, F	armin	gto	n,	New 1	Mexico	87401					
eason(s) for Filing (Check proper box) ew Well ecompletion hange in Operator	Oil Casinghea	=	Dry Cond	Gas iensa	le 🗌		i (Please expla					
change of operator give name d address of previous operator	XACO I	NC. 3	300	N	. BUT	LER, F	RMINGT	ON, NM	87401			
I. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Pool	Nan	ne. Includin	g Formation		Kind	of Lease	ا ا	zase No.	
JOHN CHARLES		6A OTERO C						State	State: Federal or Fee		I-149 IND 8466	
Coation I Unit Letter	_ :	850	_ Feet	Fron	n The SO		and 84	0 Fe	et From The	EAST	r Line	
Section 13 Townsh	ip 2	7N	Ran	ge	9W	, NN	лРМ,	82	AN JUAN	, <u>-</u>	County	
II. DESIGNATION OF TRAIName of Authorized Transporter of Oil Name of Authorized Transporter of Casi		or Conde	nsale	ND Cry C		Address (Give	e address to w	hich approved	l copy of this fo	rm is to be se	ent)	
TEXACO EXPL. & PR	Unit				Rge.		actually connected?		ARMINGTO	TON, NM 87401		
give location of tanks.	_i	İ	<u> </u>		<u>i</u>	Y	ES	<u>`</u>	1977			
f this production is commingled with the IV. COMPLETION DATA	t from any o	ther lease of	r pool,	, give	commingle	ing order num	ber:					
Designate Type of Completion	n - (X)	Oil We	lt	 	as Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Date Spudded						Total Depth	·L	1	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing I	Forma	tion		Top Oil/Gas	Pay		Tubing Dep	ւh		
Perforations									Depth Casin	g Shoe		
7 CHOLADORO												
HOLE SIZE	TUBING, CASING HOLE SIZE CASING & TUBING SIZ					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
TIOCE OILE												
V. TEST DATA AND REQU	FST FOR	ALLOV	VAR	LE								
()IL WELL (Test must be after	r recovery of	total volum	e of le	oad o	oil and mus	i be equal to o	r exceed top at	llowable for 11	his depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing N	lethod (Flow,)	ритр, даз тут,	, eic)				
Length of Test	Tubing Pressure				Casing Pressure			Cheke Suc				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCK				
										i	<u> 5 198 1</u>	
GAS WELL Actual Prod. Test - MCF/D	Length	of Test				Bbls. Cond	ensate/MMCF		Gravity &	Condensaie	-1. Di	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE (OF CON	1PL	IAI	NCE		01,00	NICED!	VATION!	חוויום		
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 knowledg	e and belief	j.		-	Da	te Approv	ed	AUG 15	1991		
Jela	ジング	> _	-						1) d	1		
Signature A. Tipton Area Manager						By SUPERVISOR DISTRICT 13						
Printed Name 8-9-91		(505)	7	itic		Tit	e			- JINIOI		
Date		<u> </u>	Telepi									

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.