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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.	Well API No. 30-045-22660
Address 3300 N. Butler, Farmington, New Mexico 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name JOHN CHARLES	Well No. 6A	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State Federal Drill-fee	Lease No. I-149 IND 8466
Location Unit Letter I : 1850 Feet From The SOUTH Line and 840 Feet From The EAST Line Section 13 Township 27N Range 9W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> MERIDIAN OIL CO.	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO INC.	Address (Give address to which approved copy of this form is to be sent) 3300 N. BUTLER, FARMINGTON NM 87401					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 13	Twp. 27N	Rge. 9W	Is gas actually connected? Y	When? 1977

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						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 lift, etc.) ---	
Length of Test ---	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test ---	Oil - Bbls. ---	Water - Bbls. ---	Gas - MCF 391

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Alan A. Kleier
Signature
Alan A. Kleier Area Manager
Printed Name
4-17-91 Title
(505) 325-4397
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 08 1991

Date Approved

By

Samuel Chung

SUPERVISOR DISTRICT #3

Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.