Appropriate District 1
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

000 Rio Brazos Rd., Aztec, NM 87410	REQ	JEST FO	OR ALI	LOWAE	BLE AND	AUT	HORIZ	ATION					
•					AND N			S					
perator										Well API No.			
TEXACO INC.	<del> </del>						<del> </del>						
ddress													
3300 N. Butler, Farmi		NM 8/	401			Other (Plea	se explai	n) Prov	ious tra	nsporte	r was		
ew Well		Change in	Transpor	ter of:			-	IICV.		w it is	ı was		
ecompletion	Oil		Dry Gas							ctive 1	0/01/89		
hange in Operator	Casinghe	ad Gas 🔲	Condens	ate 🔀									
change of operator give name d address of previous operator									<del></del>				
DESCRIPTION OF WELL	AND LE	ASE						- T-22: X		1	No.		
ease Name		ļ.			_	ng Formation			Lease federal or Fee	1 - 1/	ease No.		
Wellie Platero		5A_	Blan	nco Me	sa Ver	ie				e <b>d</b> 1-14	9-IND84		
Unit LetterI	:18	70	_ Feet Fro	om The _	<u>s</u>	Line and .	1135	Fex	at From The	E	Line		
Section 11 Towns	hip 27	'N	Range		9W	NMPM,	San	Juan			County		
I. DESIGNATION OF TRA	NCDADT	CD OF O	TT A NO	ידי אנה ה	IRAT CA	. 9							
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil		or Conde			Address (	Give addr	ess to wh	ich approved	copy of this fo	orm is to be se	(נתנ		
Meridian Oil Company	لـا			<b>X</b>	ì			Farming					
ame of Authorized Transporter of Cas	inghead Gas		or Dry	Gas XX	Address (	Give addr	ess to wh	ich approved	copy of this f	orm is to be se	ent)		
El Paso Natural Gas (	=		-		P. O.	Box 9	90, F	<u>armingt</u>	on, NM	87401			
well produces oil or liquids,	Unit	Sec.	Twp.	Rge	. Is gas act			When					
e location of tanks.										/9/78			
this production is commingled with the COMPLETION DATA	at from any o	ther lease or	pool, giv	e comming	<u></u>								
Designate Type of Completion	on - (X)	Oil Wel	ı C	Bas Well	New W	_i_	kover	Deepen	Plug Back	Same Res'v	Diff Res'v		
ate Spudded	Date Cor	Date Compl. Ready to Prod.				Total Depth							
ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil	Top Oil/Gas Pay				Tubing Depth			
erforations					_1				Depth Casir	g Shoe			
							VECOR.				<u>.                                </u>		
		TUBING, CASING AND				DEPTH SET				SACKS CEMENT			
HOLE SIZE	_ <del> c</del>	CASING & TUBING SIZE			<del></del>	DEPTH SET				CHOICE CLINE			
						-	<del></del>						
. TEST DATA AND REQU	EST FOR	ALLOW	ABLE			•							
IL WELL (Test must be afte	er recovery of	sosal volum	e of load	oil and mu	si be equal i	o or excee	d top all	wable for thi	s depth or be	for full 24 hou	urs.)		
Date First New Oil Run To Tank Date of Test					Producin	Producing Method (Flow, pump, gas lift, etc.)							
										• E I V	<u> </u>		
ength of Test	Tubing I	Tubing Pressure				Casing Pressure			Die Total				
Actual Prod. During Test	Oil - Bb	Oil - Bbls.				Water - Bbls.			SEP 2 8 1989				
GAS WELL	<u> </u>									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Actual Prod. Test - MCF/D	Length	Length of Test			Bbls. Co	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
	70477	T COL	TDI IA	NCE.					<u> </u>				
VI. OPERATOR CERTIF				YCE	11	$\bigcirc$ II	CON	<b>ISERV</b>	ATION	DIVISION	NC		
I hereby certify that the rules and re Division have been complied with a	gulations of t	he Oil Coas	ervation			OIL	. UUI	NOEU A	A I ION	אטו עוטו	<b>014</b>		

is true and complete to the best of my knowledge and belief.

Ser 28 1980

SIGN

Signature Printed Name

Date

- 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.

Title

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.