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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

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration & Production Inc.	Well API No. 30-045-22672
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 checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nellie Platero	Well No. 5A	Pool Name, Including Formation Otero Chacra	Kind of Lease State Federal or Fee	Lease No. I-149-IND-8464
Location Unit Letter I : 1870' Feet From The South Line and 1135' Feet From The East Line Section 11 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, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499-4289	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco E. & P. 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. 11
	Twp. 27N	Rge. 9W
	Is gas actually connected? Yes	When? 1/78

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
		X		X				X
Date Spudded 9-26-77	Date Compl. Ready to Prod. 12-17-92		Total Depth 4485'		P.B.T.D. 4440'			
Elevations (DF, RKB, RT, GR, etc.) GR-5981', KB-5993'	Name of Producing Formation Chacra		Top Oil/Gas Pay 3000' 2954'		Tubing Depth 3133'			
Perforations 2954'-57', 2973'-76', 2998'-3002', 3114'-17', 3134'-37'.					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		330'		300 sks			
8-3/4"	7-0"		2371'		375 sks			
6-1/4"	4-1/2" Liner		2281' - 4470' 4485'		225 sks			
	1-1/4" (MV) & 2-3/8" (CH)		4342' (MV) & 3133' (CH)		Sliding Sleeve @ 3136'			

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 better for 12 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 FEB 1 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 550	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 140# FI	Casing Pressure (Shut-in) 240# FI	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.

Signature **Ted A. Tipton** Area Manager
Printed Name **Ted A. Tipton** Title **(505)325-4397**
Date **2-04-93** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 12 1993**

By **ORIGINAL SIGNED BY ERNIE BUSCH**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

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.
- NMOGCD (5)