Submit 5 Copies
Appropriate District Office
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 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1	TO TRA	ANSF	PORT OIL	AND NA	TURAL G					
Operator Texaco Exploration and Production Inc.						Well API No.					
Address						30 045 24848					
	gton, Nev	v Mexic	o 8	7401							
Reason(s) for Filing (Check proper box)						es (Please expl					
New Well		Change in			EF	FECTIVE 6	-1-91				
Recompletion	Oil Casinghead	ال مست	Dry C	casate							
If change of operator give name		Inc			rth Butler	Formio	aton Nov	. Maylaa	07404		
and address of previous operator			<u> </u>	3300 140	rui Buuer	<u>rarmin</u>	<u>gton, Nev</u>	v Mexico	87401		
II. DESCRIPTION OF WELL			T				l Via 4	of V	- 		
Lease Name FEDERAL 2 W	Well No. Pool Name, Includ				. (2222222			of Lease N Federal or Fee 222490			
Location	<u> </u>	AV	DAC	DAROTA	A (PHONA)	ED GAS)	lFEDE	RAL			
Unit Letter E : 1520 Feet From The NORTH Line and 790 Feet From The WEST										Line	
Section 02 Township 27N Range 12W , NMPM, SAN JUAN										County	
III. DESIGNATION OF TRAN				ND NATU				2.77.2			
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) 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											
						Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company					P. O. Box 990 Farmington, NM 87499						
If well produces oil or liquids, Unit ive location of tanks.		Sec. Tw E 2 2			is gas actually connected? YES		When	When? 11/06/81			
If this production is commingled with that	 								00/81		
IV. COMPLETION DATA		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , <u>.</u>								
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					<u> </u>	Depth Casing Shoe					
									,		
TUBING, CASING AND					<u> </u>						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			_				····				
V. TEST DATA AND REQUES OIL WELL (Test must be after to					he equal to or	exceed top all	numble for this	dansk ar ba G	or 6:11 24 hour	\	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						thod (Flow, pu			W Juli 24 No.	<i></i>	
Length of Test	Tubing Pressure				Casing Pressure			Choke Stee	<i>ii</i> •		
tual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF	- 1991 -	•		
-							1.50	Gas-MCF	0	N	
GAS WELL							F.	Miller	OHI		
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	sate/MMCF	Ţ	Children of		127	
Ford Manual 2 State Land		76E	:		Casing Pressure (Shut-in)		1:	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pres	enie (2004-	-ш)		Casing Fress.	ne (2000-10)		Choice Size		ř	
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE				<u></u>			
I hereby certify that the rules and regula	ations of the C	il Conserv	vatice		(DIL COV	ISERV			N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								May 2	2 1991		
is true and configurate to the best of my i	mowiedRe 900	, vale.			Date	Approve	d		1		
2.M. Miller							72	ه الاست		j.	
Signature K. M. Miller		Div. Ope	ore	Engr	By_		SANTO.	ED LANGE			
Printed Name		915–6	Title		Title.		-301	-C	PISTRIC	t 13	
April 25, 1991			phone l								

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.