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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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TO TRA	ANSPORT OIL	_ AND NA	TURAL G					
Operator  Texaco Exploration			Well	PI No. 30-045-28683					
Address 3300 N. Butler,	Farmington, Ne	w Mexico 8	7401					-	
leason(s) for Filing (Check proper box)			Oth	es (Please expl	lain)				
New Well	Change is	Transporter of:							
Recompletion 📙	Oil	Dry Gas 📙							
hange in Operator	Casinghead Gas	Condensate							
change of operator give name d address of previous operator								<del></del>	
. DESCRIPTION OF WELL		<u>.</u>		<del></del>	<del></del>				
esse Name J.O. Marshall	Well No.	ing Formation uitland Coal			kind of Lease		ease No. 8357-A		
ocation			1			_ <del></del>	<del> </del> _		
Unit LetterN	: <u>790'</u>	Feet From The	South Lin	and18	320' F	eet From The _	West	Line	
Section 1 Townsh	27N	Range 9W	, NI	мрм,		San Jua	n	County	
I. DESIGNATION OF TRAI	NSPORTER OF O	IL AND NATU	RAL GAS	 					
lame of Authorized Transporter of Oil	or Conde	· · · · · · · · · · · · · · · · · · ·			hich approved	copy of this fo	rm is to be so	int)	
				_				·	
Towage E & D Inc	nghead Gas	or Dry Gas 🔀				copy of this fo		ent)	
Texaco E. & P. Inc. well produces oil or liquids,	Unit Sec.	Twp. Rge.				gton, NM	6/401		
ve location of tanks.			L Is gas actually connected? Whe			10/92			
this production is commingled with that  V. COMPLETION DATA	from any other lease or								
	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	<u> </u>	<u></u>	İ	<u> </u>		<u>i</u>	
ate Spudded	Date Compl. Ready to		Total Depth			P.B.T.D.			
9-14-92	10-04-92		2185'			2107'			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
GR-5961', KB-5974'	Fruitland (	Coal	<u> </u>	<del>750°</del> / 92	<u> </u>		1928'	<del> </del>	
1931', 1938'-41', 1966'-82', 198	9'-92', 1994'-96', 1998	'-99', 2010', 2010'-	12', 2016'; 20	18'-31', 2069	'-71 <b>'</b> .	Depth Casing	3 Shoe 2185'		
<del></del>	TURING	CASING AND	CEMENTI	VC PECOD	<u> </u>	<u> </u>	2105		
HÖLE SIZE	CASING & TUBING SIZE		CEMENTING RECORD  DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"		312'			340 sx 106 sx.			
7-7/8"	5-1/2"		2185'			460 sx 110 sx.			
	2-3/8" Tbg		1938'						
TEST DATA AND REQUE									
	recovery of total volume	of load oil and must					or full 24 hou	5.) me nome	
ate First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift,			DEGELY?			
ength of Test	Tubing Pressure		Casing Pressure			JAN - 61993			
ctual Prod. During Test	Oil - Bbis.		Water - Bbis.			Gas- MCF			
						ÖIL CON. DIV			
AS WELL						t	गडा ए	· · · · · · · · · · · · · · · · · · ·	
ctual Prod. Test - MCF/D 119	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	24 hrs. Tubing Pressure (Shut-in)		0						
	50# Fl		Casing Pressure (Shut-in)			Choke Size			
Pitot			65# Fl			48/64"			
I. OPERATOR CERTIFIC			(	אוו רטי	ICEDV	ATION [	אווטור	AN I	
I hereby certify that the rules and regu Division have been complied with and	that the information giv	vation en above						איל	
is true and complete to the best of my knowledge and belief.				Date ApprovedJAN 1 5 1993					
JRQJE					3()				
Signature Ted A. Tipton Area Manager				SUPERVISOR DISTRICT #3					
Printed Name Title 1-05-93 (505)325-4397			Title			OH DISTI	RICT #3	-	
Date		phone No.						- <del></del>	
INSTRUCTIONS: This for	e de la la companya de la companya d								

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)