

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Texaco Inc.</b>		Well API No. <b>30-045-28205</b>
Address <b>3300 N. Butler, Farmington, New Mexico 87401</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" 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 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 <b>Charley Pah</b>	Well No. <b>6</b>	Pool Name, including Formation <b>Basin Fruitland Coal</b>	Kind of Lease State, Federal or Fee	Lease No. <b>149-IND-8465</b>
Location				
Unit Letter <b>N</b>	<b>1095</b>	Feet From The <b>South</b>	Line and <b>1400</b>	Feet From The <b>West</b> Line
Section <b>12</b>	Township <b>27N</b>	Range <b>9W</b>	<b>NMPM,</b>	<b>San Juan</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texaco Inc.</b>	<b>3300 N. Butler, Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>11-05-90</b>	Date Compl. Ready to Prod. <b>12-11-90</b>	Total Depth <b>2080'</b>		P.B.T.D. <b>2070'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>GR-5957', KB-5968'</b>	Name of Producing Formation <b>Fruitland Coal</b>	Top Oil Gas Pay <b>1718' 184'</b>		Tubing Depth <b>1942'</b>				
Perforations <b>1890'-0904', 1921'-23', 1924'-26', 1928', 1931', 1938'-40, 1950'-60'</b>		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>12-1/4"</b>	CASING & TUBING SIZE <b>8-5/8"</b>	DEPTH SET <b>300'</b>		SACKS CEMENT <b>400 sks</b>				
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>2080'</b>		<b>530 SX</b>				
	<b>2-3/8"</b>	<b>1942'</b>						

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 <b>MAR 1 991</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	<b>OIL CON. DIV.</b>
			<b>DIS. 3</b>

GAS WELL

Actual Prod. Test - MCF/D <b>84</b>	Length of Test <b>24 Hrs</b>	Bbls. Condensate/MNCF <b>0</b>	Gravity of Condensate <b>0</b>
Testing Method (pilot, back pr.) <b>Back Press.</b>	Tubing Pressure (Shut-in) <b>27 PSI</b>	Casing Pressure (Shut-in) <b>60 PSI</b>	Choke Size <b>48/64"</b>

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**  
Alan A. Kleier Area Manager  
Printed Name  
**3-11-91** (505) 325-4397  
Date Telephone No

OIL CONSERVATION DIVISION

Date Approved **MAR 18 1991**

By **Supervisor**  
Title **SUPERVISOR DISTRICT #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.