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Appropriate District Office
DISTRICT J
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

Texaco Ir  Address  3300 N. Butle  Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL  Lease Name  JOHN CHARLES  Location  Unit Letter  Section  13 Townshi  III. DESIGNATION OF TRAN	Oil Casinghead  AND LEA  18	Change in Change	gton Transp Dry G Conde	, New orter of: 28  nsate  lame, Including	ing Formation	87401 et (Please exp	lain)		45-28206	
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL  Lease Name  JOHN CHARLES  Location  Unit Letter  Section 13 Townshi  III. DESIGNATION OF TRAN	Oil Casinghead  AND LEA  18	Change in	Dry G Conde	orter of: as	Oth	—- <b>-</b>	lain)			
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II. DESCRIPTION OF WELL  Lease Name JOHN CHARLES  Location Unit Letter Section 13 Townshi  III. DESIGNATION OF TRAN	_ : 18 p 27	Well No. 9 50	В.							
Lease Name JOHN CHARLES  Location Unit LetterG  Section 13 Townshi  III. DESIGNATION OF TRAN	_ : 18 p 27	Well No. 9 50	В.						<del></del>	
Unit Letter G  Section 13 Townshi  III. DESIGNATION OF TRAN	p 27	· · · · · · · · · · · · · · · · · · ·	East E		ROTTDAI	ID COAL		of Lease Federal or Fee	Lease No. 149-IND-8466	
III. DESIGNATION OF TRAN			_ rea r	rom The NO	ORTH Lin	e and2	510 F:	et From The	EAST Line	
III. DESIGNATION OF TRAN		N	Range	9 W	J , N	мрм,	SA	N JUAN	County	
Name of Authorized Transporter of Oil  Name of Authorized Transporter of Casing		R OF O			Address (Giv			copy of this form		
Texaco Inc.  If well produces oil or liquids, give location of tanks.	·····		Twp.	Rge.	3300 N. BUTLER,		LER, FA	proved copy of this form is to be sent) , FARMINGTON, NM 87401 When ?		
If this production is commingled with that  IV. COMPLETION DATA	from any othe	er lease or	pool, gi	ve comming	ling order num	ber:				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back   Sa	ume Res v   Diff Res v	
Date Spudded 10-30-90	Date Compl. Ready to Prod. 12-05-90			Total Depth	2085'		P B.T.D.	<u> </u>		
GR-5946', KB-5957	Name of Producing Formation FRUITLAND COAL				Top Oil Cas Pay 1802 '			Tubing Depth 1896 !		
1802'-04',1853'-86',188								Depth Casing S	ihoe	
HOLE SIZE 12-1/4"	CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT		
7-7/8"	· <del></del>	8-5/8" 5-1/2"			300'			300 SX, TOC @ 9'		
	23/5			1896			510	SX,CIRC.90SX		
V. TEST DATA AND REQUES CIL WELL (Test must be after r.					be equal to or	exceed top al	louphie for the	doub or he for	6.11.24 b)	
Date First New Oil Run To Tank	Date of Test		0) 1024				ump, gas lýt.		<u>juli 24 1008)</u>	
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size	
Actual Prod. During Test								MAR	12 331	
	Oil - Bbls.				Water - Bblk			Gas-MCF	CM DIV	
GAS WELL								Ē,,	161.3	
Actual Prod. Test - MCF/D 515	Length of T	est 24 ]	HRS		Bbls. Conder	MMCF 0		Gravity of Con	densale N/A	
lesting Method (pitot, back pr.) BACK PRESS.	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) 42 PSI			Choke Size 48/64		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul.  Division have been complied with and is true and complete to the best of my I	ations of the (	Dil Conser	vation			OIL COI		ATION D Mar 1 8 19		
alland K.	luis-	ر								
Alan A. Kleier	A	Area Manager			By	By Buy				
Printed Name 3/11/91	Tille (505) 325-4397			Title		SUPE	RVISOR DIS	TRICT #3		
Date			ephone l	¥o.						

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.