

Submit 5 Copies
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. 30-045-28751
Address 3300 N. Butler, Farmington, New Mexico 87401	
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 Navajo 'AA' 13717	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State Federal or Fee	Lease No. I-149-IND-9109
Location Unit Letter L : 1690' Feet From The South Line and 1135' Feet From The West Line Section 19 Township 27N Range 11W , 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 type="checkbox"/> Water Prod # 28059 63	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. 28059 62	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 27N	Rge. 11W	Is gas actually connected? No	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
		X	X					
Date Spudded 9-17-92	Date Compl. Ready to Prod. 10-23-92		Total Depth 1910'		P.B.T.D. 1800'			
Elevations (DF, RKB, RT, GR, etc.) 6089 GR-6109', KB-6122'	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1423'		Tubing Depth 1681'			
Perforations 1504' - 1644'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		330'		340 sks.			
7-7/8"	5-1/2"		1910'		465'			
	2-3/8"		1681'					

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 (F, W, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
FEB 17 1993
OIL CON. DIV
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 139	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) back press.	Tubing Pressure (Shut-in) 320#	Casing Pressure (Shut-in) 340#	Choke Size 48/64 psi

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 **2-16-93** Title **(505)325-4397**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 1 1993**

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.
- NMOGCD (5)