Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO TRAN	ISPORT OIL	- AND NATI	JRAL GA		si ci:		
Texaco Exploration & Production Inc.					Well API No. 30-045-28169			
3300 N. Butle:	r, Farming	ton, New	Mexico	87401				
	Oil		New		shut-in,	7. Che waiting	on tra	nly
address of previous operator	aco Inc. 33	00 N. Bu	cler, Fa	rmingto	on, NM	87401		
DESCRIPTION OF WELL A se Name H.J. Loe Federa	ing Formation Fruitland				nd of Lease Lease No. Leg Foderal or Fee NMO 14378			
ation M	1175	Feet From The 8	outh Line s	and10	95 /0 6	() I From The	West	Lin
Section 23 Township	20V		W, NM		Sa	n Juan		County
DESIGNATION OF TRANS Jame of Authorized Transporter of Oil Jame of Authorized Transporter of Casin well pushices oil or liquids, we location of tanks.	or Conden	or Dry Gas	Address (Give	address to wi		copy of this for copy of this for		
this production is conuningled with that	from any other lease or	pool, give commit	igling order numb	er:				
V. COMPLETION DATA Designate Type of Completion Date Spadded	Oil Well - (X) Date Compl. Ready to		New Well	Workover	Deepen	Plug Back S	ame Res'v) iiii Res'v
levations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas P	Top Oil/Gas Pay			Tubing Depth		
criorations				Depth Casing Slive				
HOLE SIZE	TUBING, CASING & TU	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUE								
OIL, WELL (Test must be after in Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test		Producing Method (Flow Frants, gas lyt., et					
ength of Test	Tubing Pressure Oil - Bbls.	Casing Pressul Water - Bbls.	Casing Pressure AUGI 5 1991/			Gas- MCF		
JAS WELL Kitial Prod. Test - MCF/D	Length of Test		Bbls. Condens	DAY DAY	IV. DI	Gravity of Co	ndensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut		Casing Pressure (Shut in)			Choke Size		
OPERATOR CERTIFICATION OF CERTIFICATION	tions of the Oil Conservenat the information gives	ation		OIL CON	^	ATION D		DN .
Single A. Tipton			Ву		3	> d.		
Printed Name 1	Area Ma (505)325		Title		SUPERV	ISOR DIS	TRICT #	3
8-5-91 Date		ohone No.						

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.