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Appropriate District Office
DISTRICT I Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction at Rottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 REQUEST FOR ALLOWABLE AND AUTHORIZATION DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS Well API No. T. 30 045 95229 Operator Texaco Exploration and Production Inc. Address Farmington, New Mexico 87401 3300 North Butler X Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate X Change in Operator Farmington, New Mexico 87401 Texaco Inc. 3300 North Butler If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease State, Federal or Fee Pool Name, Including Formation Well No. 541810 Lease Name BASIN DAKOTA (PRORATED GAS) STATE NEW MEXICO COM P Location Feet From The NORTH Line and 890 Feet From The EAST 790 Unit Letter \_ SAN JUAN County Range 10W NMPM, 30N 36 Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil P. O. Box 4289 Farmington, NM 87499-4289 NT. Meridian Oil, Inc. Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name of Authorized Transporter of Casinghead Gas Г P. O. Box 990 Farmington, NM 87499 El Paso Natural Gas Company is gas actually connected? When ? Rge. Twp. If well produces oil or liquids, give location of tanks. Unit 08/17/66 YES 30N | 10W A 36 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v New Well Workover Deepen Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Tubing Pressure Length of Test Water - Bbls JUN2 4 1991 Oil - Bbls. Actual Prod. During Test OIL CON, DIV **GAS WELL** Bbls. Condensate/MMCF (DIST. 3 Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved \_\_\_\_\_\_JUN 24 1991 Signature Div. Opers. Engr. K. M. Miller SUPERVISOR DISTRICT #3 Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

June 18,1991

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-688-4834

Telephone No.

- 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.