

Submit to Cores
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

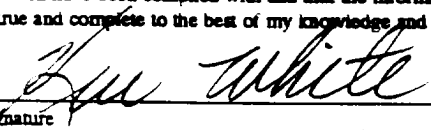
I. Operator _____ Well API No. _____
_____ Texas Petroleum Corporation
Address _____
P.O. Box 2120 Houston, TX 77252-2120
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____
New Well _____ Change in Transporter of: _____
Recommendation _____ Oil _____ Dry Gas ☒
Change in Operator _____ Casinghead Gas _____ Condensate _____
If change of operator give name and address of previous operator _____

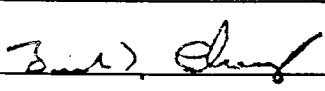
II. DESCRIPTION OF WELL AND LEASE
Lease Name _____ Well No. _____ Pool Name, including Formation _____ Kind of Lease _____ Lease No. _____
Quinn 6A Blanco (Mesaverde) State, Federal or Fee SF078511
Location _____
Well Letter P _____ 990 Feet From The South Line and 990 Feet From The East Line
Section 20 Township 31N Range 08W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate _____ Address (Give address to which approved copy of this form is to be sent) _____
Meridian Oil Incorporated P.O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) _____
_____ Texas Petroleum Corporation P.O. Box 2120, Houston, Texas 77252-2120
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 _____
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

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 _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas- MCF _____
GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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 _____ Ken E. White Reg. Permit Coord.
Printed Name _____ Title _____
Date 10-16-89 Telephone No. (713)968-3654

OIL CONSERVATION DIVISION
Date Approved OCT 23 1989
By  _____
Title SUPERVISOR DISTRICT 03

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.