Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.				
Texaco Exploration and Production Inc.								30 045 23632				
	gton, Nev	v Mexic	o 874	401	IVI ost	n /Blassa aveil	-7-1					
Reason(s) for Filing (Check proper box)		Change in	Tonnena	der of:		r (<i>Please explo</i> FECTIVE 6:						
New Well Basemelation	Oil		Dry Ga			I LOTIVE O	- 1-01					
Recompletion	Casinghead	G44 🗍	Conden	_								
I change of operator give name	co Imada		•	3300 No	rth Butler	Farmin	aton. I	New	Mexico	87401	···	
und address of previous operator			<u> </u>	3000 1101	tti butici	7 (2171111)						
Lease Name Well No			1		ng Formation			Kind of Lease State, Federal or Fee		842	Lease No.	
					JRED CLIFF	IS	ISTATE					
Location Unit LetterO	. 790		_ Feet Fn	om The SO	UTH LIM	and1480)	_ Fee	et From The	EAST	Line	
Section 32 Townshi	30N Range 8W				, NMPM, SA				N JUAN County		County	
III. DESIGNATION OF TRAN					RAL GAS	e address to w	hich appr	aved.	com of this f	orm is to be	sent)	
Meridian Oil, Inc.	Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289 Farmington, NM 87499-4289					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company						Address (Give address to which approved P. O. Box 990 Farm				copy of this form is to be sent) nington, NM 87499		
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.					When ?				
give location of tanks.	0	32	30N	8W	YES			1980				
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, giv	e comming	ing order num	ber:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'	v Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth	•	-		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casin	ng Shoe	· · · · · · · · · · · · · · · · · · ·	
			<u> </u>	10.41	CICL (IC) IIII	NC DECOR	<u> </u>					
					CEMENTI	NG RECOR			1	SACKS CE	MENT	
HOLE SIZE	CAS	CASING & TUBING SIZE				DEFIN SET				OXORO GEMENT		
	 				 							
	 											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE							6 6.11 94 1		
OIL WELL (Test must be after			of load	oil and must	be equal to or	exceed top all ethod (Flow, p	owable jo	ifi e	aepin or be	JOF JUL 24 P	(OLDA)	
Date First New Oil Run To Tank	Date of Ter	x			Producing M	eulou (Flow, p	ապ, քա	.y., L	,	u E	\\\\	
Length of Test	Tubing Pressure				Casing Pressure				Cok (Ciz	10-	1	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.				MAY 2 2 1991				
GAS WELL		····			<u> </u>			<u>, </u>	Wy.	ON.	,	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	sate/MMCF		į	CULTURAL	Conforma		
				Casing Pressure (Shut-in)				Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Cating Pressure (Snuc-in)							
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	NCE			JOE	71 /	ATION	שועוכ	ION!	
I hereby certify that the rules and regu	lations of the	Oil Conse	avation		11.		コロア	7 V /	ALION	21710	1014 2 1004	
Division have been complied with and	that the infor	rmation giv	ven abov	c						MAY 2 S	ובנו	
is true and complete to the best of my		nd belief.			Date	Approve	ed		73) 6	Day!	
Signature K. M. Miller Div. Opers. Engr.											DISTRICT I	
K. M. Miller Printed Name April 25, 1991			Title -688-4		Title							
Date 25, 1991			ephone l		1							
					11							

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.

