Submit 5 Cobles
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSP	ORT OIL	_ AND NA	TURAL GA		DI No				
Operator Texaco Exploration and Production Inc.							1	Well API No. 30 045 95227				
Address 3300 North Butler Farming	gton, New	. Mavic	n 87	401								
Reason(s) for Filing (Check proper box)	gion, nes	MEXIC		701	X Out	es (Please expl	ain)					
New Well	4	Change in	•		EF	FECTIVE 6	-1-91					
Recompletion X	Oil Contactor of		Dry Ga Conder									
If shares of anomics since some	Casinghead											
and address of previous operator Texa	co inc.	3300	North	Butler	Farmin	gton, New	Mexico I	37401				
II. DESCRIPTION OF WELL	AND LEA			_	······································		1 200					
Lease Name Well No. Pool Name, Includi						ED 040)	State,	State, Federal or Fee 5416		eane No. 30		
NEW MEXICO COM M		1	BASI	N DAKOTA	A (PRORAT	ED GAS)	STA	E				
Unit LetterA	ORTH Lin	e and1190	<u> </u>	et From The EAST Line								
Section 36 Township	, N	мрм,	SA	N JUAN County								
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condens		X.	Address (Giv	e address to w						
Meridian Oil, Inc.	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 copy of this form is to be sent) P. O. Box 990 Farmington, NM 87499							
If well produces oil or liquids,						y connected?	When	7				
give location of tanks.	i Al	36	31N	1 12W	<u></u>	YES		07/	08/65			
If this production is commingled with that in IV. COMPLETION DATA	from any othe	r lease or p	ood, giv	ve comming	ling order sum	ber:						
	- (Y)	Oil Well	Ţ	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		Ready IO	Pmd.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	· — · · · · · · · · · · · · · · · · · ·	<u> </u>		
Date Spudded Date Compl. Ready to Prod.												
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe				
TURING, CASING AND					CEMENTING RECORD			.L				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
	ļ									 -		
	 			······						<u> </u>		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>			<u></u>				
OIL WELL (Test must be after re	ecovery of lou	al volume o	f load	oil and must	be equal to or	exceed top allo	wable for this	depth or be for	or full 24 how	·s.)		
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pu	mp, gas iyi, e	ic.)				
Length of Test	Tubing Pressure				Casing Pressure) hours	EIA	EM		
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Sas- MCF		 U 		
							· · · · · · · · · · · · · · · · · · ·	JUN	2 4 1991			
GAS WELL								011 0	7 i 7	13.7		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			DIST. 3				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-is)			Choke Size				
VI ODED ATOD CEDTIEIC	ATE OF	COMPI	JAN	ICE.	1							
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above					11			JUNZA	1991			
is true and complete to the best of my k	mowledge and	i belief.			Date	Approve	d		+10.17			
2.M. Willen					By							
Signature K. M. Miller		Div. Ope	rs. E	ngr.			SUPE	RVISOR (ISTRICT	<i>‡</i> 3		
Printed Name June 18,1991	915-688-4834				Title							

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

Date

- 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.

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.