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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

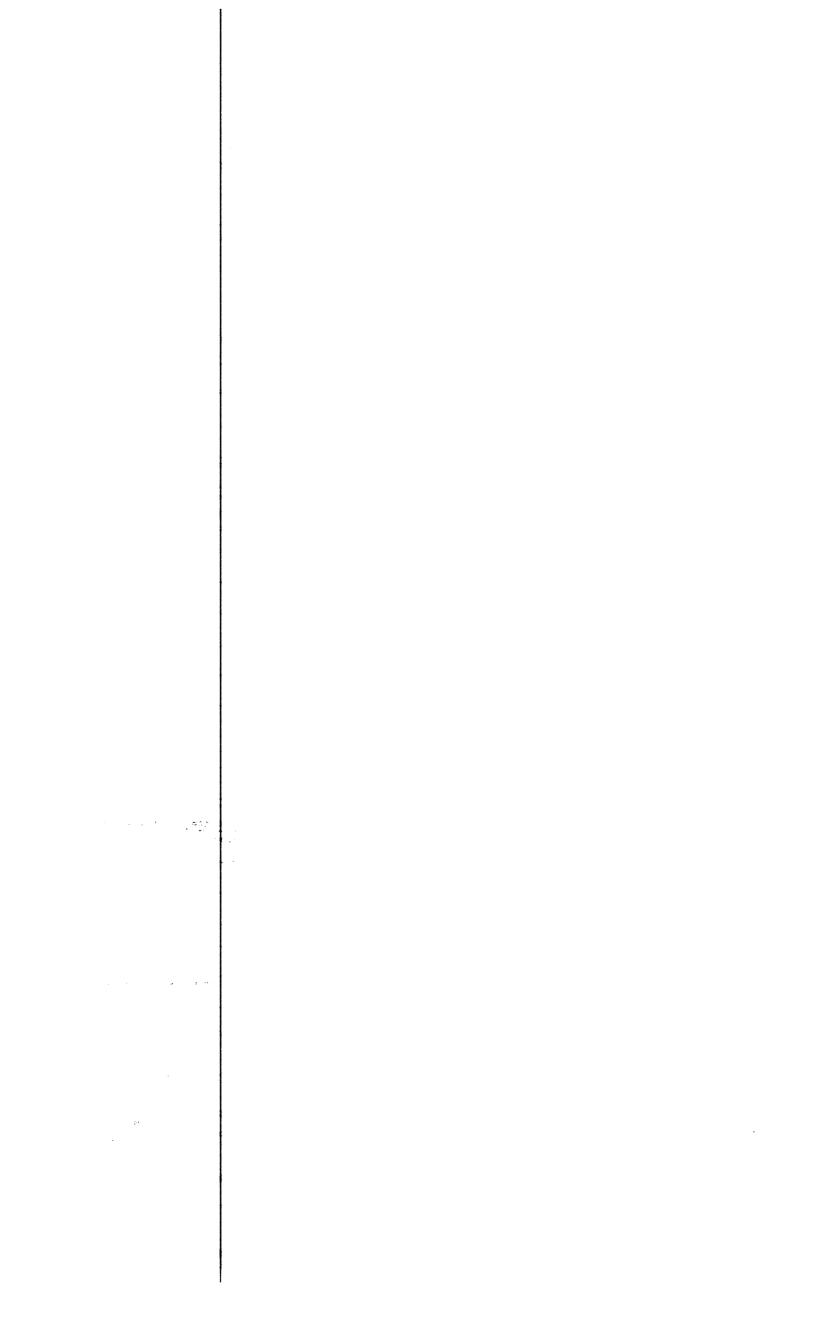
Santa Fe, New Mexico 87504-2088

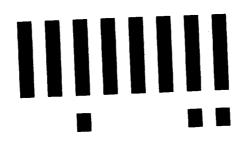
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>I.</u>	٦	OTRAN	ISPORT OF	LAND	NATURAL G	AS					
Operator							Well API No.				
TEXACO INC.											
3300 N. Butler, Farmi	naton N	TM 97/0	١٦								
Reason(s) for Filing (Check proper box)	ngton, n	M 0/40	/1		Other (Please expl	ain) Prov	rious tra				
New Well		~~	ransporter of:			110	vious transporter was Inc., now it is				
Recompletion U	Oil		ry Gas 📙		Meridian (
Change in Operator If change of operator give name	Casinghead	Gas L C	ondensate X								
and address of previous operator			 								
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No. P	ool Name, Includ	ling Formation			Lesse Fed	i L	ease No.		
Mexico Federal M		1	Blanco Me	esa Ve	rde	State,	Federal or Fee	NMC	80280		
Unit Letter K	_ :185	50 F	eet From The _	S	Line and185	<u> </u>	et From The	W	Line		
Section 12 Townsh	ip 31N	I R	ange	13W_	,NMPM, San	Juan			County		
III. DESIGNATION OF TRAI	NCPOPTEI	OFOII	AND NATE	DALC	AC						
Name of Authorized Transporter of Oil		or Condensat			AS (Give address to wh	ich approved	come of this for	m is to be s	ent		
Meridian Oil Company			122		Box 4289,				,		
Name of Authorized Transporter of Casin	_	O1	Dry Gas XX	Address	(Give address to wh	ich approved	copy of this for	n is to be so	ent)		
El Paso Natural Gas C				P. O.	Box 990, I			37401			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? K 12 31N 13W ves						?				
If this production is commingled with that	from any othe				<u>yes</u>		2/4/62				
IV. COMPLETION DATA				·——		,					
Designate Type of Completion		Oil Well	Gas Well	New V		Deepen	Plug Back S	une Res'v	Diff Res'v		
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil	Gas Pay		Tubing Depth				
Perforations	<u>!</u>			Depth Casing Shoe							
· · · · · · · · · · · · · · · · · · ·	π	IBING, C.	ASING AND	CEMEN	TING RECOR	D	<u> </u>				
HOLE SIZE					DEPTH SET	<u> </u>	SA	CKS CEMI	ENT		
	-										
V. TEST DATA AND REQUE	ST FOR AL	LOWAB	LE	<u> </u>			paragrams has cons				
OIL WELL (Test must be after t				be equal i	o or exceed top allo		•	<u> Edl 24 ke</u> u	raba and and		
Date First New Oil Run To Tank	Date of Test				g Method (Flow, pu			E	AF		
Length of Test	Tubing Pressure			Casing Pressure			SEP 2 8 1989				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			CON DIV				
GAS WELL	 			1				Dist.	 -		
Actual Prod. Test - MCF/D	Length of Te	isl		Bbls. Co	ndensate/MMCF		Gravity of Con	densate			
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE	ļ							
I hereby certify that the rules and regul Division have been complied with and	ations of the O	il Conservati	on		OIL CON	SERVA	ATION D	IVISIC	N		
is true and complete to the best of my		-			ata Anarous	4					
SIGNED: A. A. KLEIER					Date Approved						
Signature Area Manager					By						
Printed Name		Ti		Ti	tle	SUPER	VISION DI	(8 t)	<u> </u>		
Date SEP 2 % 1990		Telepho	ne 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.









Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Arlesia, 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 Well API No. Operator 30 045 10897 Texaco Exploration and Production Inc. 3300 North Butler Farmington, New Mexico 87401 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE 6-1-91 Change in Transporter of: New Well Dry Gas Recompletion X Cazinghead Gas Condensate Change in Operator

If change of operator give name and address of previous operator Texaco Amatucino Inc. 3300 North Butler Farmington, New Mexico 87401 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name 502185 BLANCO MESAVERDE (PRORATED GAS) FEDERAL MEXICO FEDERAL M Location Feet From The SOUTH Line and Feet From The WEST 1850 Unit Letter __ SAN JUAN 12 Township 31N Range 13W County NMPM. Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS is (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil \mathbf{X} P. O. Box 4289 Farmington, NM 87499-4289 Meridian Oil, Inc. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X P. O. Box 990 Farmington, NM 87499 El Paso Natural Gas Company Rge. is gas actually connected? When? Unit Sec. Twp. If well produces oil or liquids, | 31N | give location of tanks. K 12 13W YES 02/04/62 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v New Well | Workover Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 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 to 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. Actual Prod. During Test Oil - Bbls **GAS WELL** Bbls. Condensate/MMCF Gravity of Co Actual Prod. Test - MCF/D Length of Test 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.

m. Willer Signature

Div. Opers. Engr. K. M. Miller Title Printed Name April 25, 1991 915-688-4834 Telephone No. Date

MAY 2 2 1991 Date Approved ____

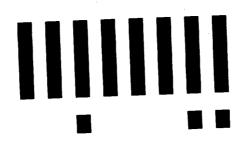
By_

SUPERVISOR DISTRICT #3

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

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Job separation sheet

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DISTRICT 1
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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRAN	SPO	RT OIL	AND NA	TURAL GA						
Operator Well A								LPI No. 045 10897				
Address							_					
Reason(s) for Filing (Check proper box, New Well Recompletion		Change in Ti	ransport bry Gas	er of:	_	es (Please expla FECTIVE 6-			<u> </u>			
Change in Operator	Casinghead	Gas C	ondens	ate								
If change of operator give matter and address of previous operator Tex	raco Inc.	3300 N	orth	Butler	Farming	ton, New	Mexico !	87401				
. DESCRIPTION OF WELL AND LEASE .ease Name Well No. Pool Name, Including MEXICO FEDERAL M 1 BASIN DAKOTA					Su			of Lease Federal or Fee RAL	ease No. 50			
Location Unit LetterK	:1850	F	ect From	n The SO	UTH Lin	e and1850) Fe	set From The V	VEST	Line		
Section 12 Town	ship 31	N R	ange	13W	, <u>N</u>	мрм,	SA	N JUAN		County		
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil Or Condensate Or Condensate P. O. Box 4289 Farmington, NM 87499-4289								289				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. O. Box 990 Farmington, NM 87499												
If well produces oil or liquids, give location of tanks.		Sec. T	wр. 31N	Rge.	Rge. Is gas actually connected? When?							
If this production is commingled with the IV. COMPLETION DATA	ast from any other					<u> </u>	1 2	Plug Back	Como Basiu	Diff Res'v		
Designate Type of Completic	on - (X)	Oil Well		as Well	New Well	Workover	Deepen	i Ling Dack i	SHIRE KES V			
Date Spudded		Date Compl. Ready to Prod.						P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Pay		Tubing Dept	Tubing Depth			
Perforations								Depth Casing Shoe				
	T	TUBING, CASING AND				NG RECOR	D					
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE		<u> </u>			<u> </u>				
OIL WELL (Test must be after Date First New Oil Run To Tank	IL WELL (Test must be after recovery of total volume of load oil and must					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	Tubing Pressure				rure .		DECEIVE				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			JUN 2 4 1991			
CAS WELL					<u> </u>		·		~ <u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of	Length of Test				nsate/MMCF		DIST. 3				
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				sure (Shut-in)		Choke Size	<u></u>			
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of the	egulations of the and that the infor	Oil Conserve mation gives	atios			OIL COI		JI	JN 241	-		
Signature Div Cours From				·	Ву			SUPERVI	, ,			
K. M. Miller Printed Name		915-6	Title		Title	·			>UR DIS	TRICT #		
June 18,1991			hone N									

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