		_		
-	WD. OF COPIES RECEIVED	-		·
	DISTRIBUTION SANTA FE	•	ONSERVATION COMMISSION	Form C-104
	FILE	REQUEST/	FOR ALLOWABLE	Supersedes Old C-104 and C-176 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (
	LAND OFFICE	AUTHORIZATION TO TRA	143FORT OIL AND NATURAL	M & P. ~
	I RANSPORTER OIL		`	MARY WED
	GAS			Man & B.
	OPERATOR	4	0	
1.	PRORATION OFFICE Operator	<u> </u>		1980
	TEXACO Inc.,			7/0/V ~ *
	Address		2003	37. 3 D/V
	P. O. Box 2100, Denver, Colorado 80201			
	Reason for filing (Check proper box) Other (Please explain)			
	New W.	Change in Transporter of:	_ 4	
	Recompletion XX	OII Dry Ga		
	Change in OPERATOR	Casinghead Gas Conden	sate	
	If change of ownership give name D	ome Petroleum Corp.,	1625 Broadway. Den	ver. Colorado
	and address of previous owner			
II.	ESCRIPTION OF WELL AND LEASE.			
	Lease Name	Well No. Pool Name, including Fo	Į.	
	FEDERAL 15	PAPERS WAS	H ENTRADA State, Federa	al or Fee FEDEISCII UM 4953
	Location Control Contr			
	Unit Letter F : ddl	.O Feet From The 1004 Line	e and 1000 Feet From	The WEST
	To.	waship 1970 Range 5	NMPM, MCK	County
	Line of Section \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	waship Milde 1	C , INN. PM, YIICA	in itect
11.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
	PERMICEN COR	mention	P.O. BOX 1183	Houston Texas 7700
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
		Unit Sec. Twp. Rge.	is gas actually connected? Wh	er.
	If well produces oil or liquids, give location of tanks.	F 15 190 5W	136	
	L		1 -	
	If this production is commingled will COMPLETION DATA	th that from any other lease or pool,	give comminging order number.	
•		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completic)n - (A)	1 1	1 1
	Date Spudaec	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Top Cil/Gas Pay	Tubing Depth
	Elevations (DF, Rh.: RT, GR, etc.	Name of Froducing Formation	rep enyous ruy	
	Ferforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>.</u>	
		1		
•	THE DATA AND DECITET FO	OP ALLOWARIE (Task Tires has	free recovery of rotal values of land ail	and must be squal to or exceed top allo-
	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)			
	Date First New Oil Bun To Tanks	Date of Test	Producing od Flow pump, gas l	ift, etc.)
			UDEFE	
	Length of Test	Tubing Pressure	Casing Printe	Choke Size
			Water-Boie. MAY C (1984	Gas-MCF
	Actual Prod. During Test	CiBb:s.	Water-Bale. WAY U 71884	GG2 1
	<u> </u>	<u> </u>	OIL CONT	1
	GAS WELL	•	D.S.T.	
	Acres Pros Test-MCP/I	Length of Test	Bbjs. Condensate/MMCF	Gravity of Condensate
	Testing wether (pilot, back pr.,	Tuning Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size
		<u> </u>	1	<u> </u>
	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given shive is true and complete to the best of my knowledge and belief.		APPROVED MAY 07 1984 , 19	
			APPROVED	
			BY Stanks.	Save /
	TEXACO Inc. as Operator for Texaco Oils		Inc. SUPER	RVISOR DISTRICT # 3
TITLE			!!	- Name - Make -
	alon R. many		li acuti de e escuere (or ello	compliance with RULE 1104.
	This political		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	Field Sunt.			
	(7 ute		able on new and recompleted w	velis.
	3-9-84		The same same same same	tt til and VI for changes of owner.
		aje '	well name or number, or transpo	Met of other such change of constitution
]] Separate Forms C-104 mu	at be filed for each pool in multiply

