|  | WD. DF COPIES RECEIVES  |  |  |
|--|---|--|--|
|  | DISTRIBUTION  | /<br>CONSERVATION COMMISSION   |  |
|  | REQUEST   | FOR ALLOWABLE  | Form C-104 Supersedes Old C-104 and C-11 |
|  | FILE  | AND  | Effective 1-1-65                         |
|  | LAND OFFICE AUTHORIZATION TO TR   | ANSPORT OIL AND NATURAL  | GAS(D) 🔊                                 |
|  | IRANSPORTER   |  | CASO ECEIVED                             |
|  | GAS   |  |  |
|  | OPERATOR  |  | MAR.                                     |
| I.   | PRORATION OFFICE Operator   |  | 011 4190 111                             |
|  | TEXACO Inc.,  | •  | COA, "of D                               |
|  | Address D. O. Pour 2100 Donney Colourdo   | 20201  | 0/57 0/1/                                |
|  | P. O. Box 2100, Denver, Colorado  |  | 3  |
|  | Reason Vior filing (Check proper box)  New W. Change In Transporter of                                      | Other (Please explain)   |  |
|  | New W.   Change in Transporter of:  | ias 🔀  |  |
|  | 305000 5 \$\frac{1}{12}\$   | ensate   |  |
|  |   |  |  |
| If change of ownership give name Dome Petroleum Corp., 1625 Broadway, Denver, Colorado and address of previous owner Dome Petroleum Corp., 1625 Broadway, Denver, Colorado |   |  | ver, Colorado                            |
| II DESCRIPTION OF WELL AND LEACE   |   |  |  |
| 11.  | DESCRIPTION OF WELL AND LEASE  Lease Name Well'No. Pool Name, Including                                     | Formation Kind of Leas   | e Legse No.                              |
|  | Dome State 32-22-6 2 Rustuck  | State, Federa  | d or Fee Should                          |
|  | Location State Sada of a Many CIMERA  |  |  |
| Unit Letter A: 930 Feet From The DORTH Line and 810 Feet From The ECST   |   |  |  |
| Line of Section 33 Township 220 Range (010 , NMPM, SUNCIOV())  |   |  |  |
|  |   |  | County County                            |
| 111.   | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |  |  |
| Name of Authorized Transporter of CII or Condensate Address (Give address to which approved copy of this form is   |   |  | ved copy of this form is to be sent)     |
|  | Name of Authorized Transporter of Casinghead Gas 🗍 - or Dry Gas 🔀   |  |  |
|  |   | Address (Give address to which appro                                 | ved copy of this form is to be sent)     |
|  | If well produces oil or liquids, Unit Sec. Twp. Ege.  | Is gas actually connected? Wh  | XENUER, CO 80831                         |
|  | give location of tanks. A 30 020 100  | 115  | GRDI, 66 URDUNDA                         |
|  | If this production is commingled with that from any other lease or pool,                                    |  | 191194 99 11909                          |
| IV. COMPLETION DATA  |   |  |  |
|  | Designate Type of Completion - (X)  | New Well Workover Deepen   | Plug Back Same Resty. Diff. Resty.       |
|  | Date Spudged Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.                                 |
|  |   |  |  |
|  | Elevations (DT. Rh.r. RT, GK, etc. Name of Fraducing Formation  | Top Cil/Gas Pay  | Tubing Depth                             |
|  | Ferrorations  | !  | Depth Casing Shoe                        |
|  |   |  | Begin cosing bioc                        |
| TUBING, CASING, AND CEMENTING RECORD   |   |  |  |
|  | HOLE SIZE CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT                             |
|  |   | 1  |  |
|  |   |  |  |
|  |   |  |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be en   |   |  | and must be equal to or exceed top allow |
|  | OII, WELL able for this d  Date First New Cit But To Tanks   Date of Test                                   | epth or be for full 24 hours)   Producing Method (Flow, pump, gas li | fr at all                                |
|  | Date CL , Bat   | Producing Method (Flow, pump, gas it                                 | ii, eic.)                                |
|  | Length of Test Tubing Pressure  | CARO PROPORTO  | Choke Size                               |
|  |   | IN CREIME  |  |
|  | Actual Prod. During Test On - Bble.   | Will-Bois.   | Gas-MCF                                  |
|  |   | MAY 0 7 1984   | <u> </u>                                 |
|  | GAS WELL  | 011 603  |  |
|  | Writing Free Test-MOFIC Length of Test  | Beie. Condens To MACE  | Gravity of Condensate                    |
|  |   | DIST. 3  |  |
|  | Terring Methic (pitot, back pr., Turing Pressure (Shut-in)  | Cosing Pressure (Shut-in)  | Choixe Sixe                              |
|  |   |  | <u> </u>                                 |
| VI.  | CERTIFICATE OF COMPLIANCE   | 1  | TION COMMISSION                          |
|  | hereby certify that the rules and regulations of the Oil Conservation                                       | APPROVED MAY   | 0 ( 1004                                 |
|  | Commission have been complied with and that the information given   | Small  |  |
|  | sticke is true and complete to the best of my knowledge and belief. TEXACO Inc. as Operator for Texaco Oils | Inc. SUPERVISOR DISTRICT # 3   |  |
| TITLE  |   |  | IL DISTRICT 5                            |
|  | 1000  |  | compliance with RULE 1104.               |
| L.   | If this is a request for allowable for a newly drilled or despense  |  |  |
|  | Field Sunt. (Signo: Gre)  | Sunt. tests taken on the well in accordance with RULE 111.           |  |
|  | All sections of this form must be filled out completely for allo able on new and recompleted wells.         |  | at be filled out completely for allow-   |
|  | 3-9-84  | Fill out only Sections 1. II   | III, and VI for changes of owner.        |
| •  | 1500  | well name or number, or transport                                    | en or other such change of condition.    |
| _  |   | Separate Forms C-104 must  | be filed for each pool in multiply       |

