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ł	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104	
1	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11(
Ì	FILE	· AND		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATIONALE ENGINE			
	AND OFFICE				
	RANSPORTER OIL				
- 1	MAR ,				
	OPERATOR		$Ou^{-\frac{2\pi i}{3}}$	1 4 1984	
1.	PRORATION OFFICE		——————————————————————————————————————)A7 -	
	TEXACO Inc.,				
	01, 3				
	P. O. Box 2100, Denver, Colorado 80201				
	Reason(:) for filing (Check proper box) Other (Please explain)				
	New Wo .	Change in Transporter of:			
	Recomp.el.on	Oil Dry Gas	\times		
	Change in OPERATOR	Casinghead Gas Condens	i ate		
	If change of ownership give name Do	ome Petroleum Corp.,	1625 Broadway, Denv	er, Colorado	
	and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE					
	Lease Name Well No. Pool Name, Including Formation Kind of Lease 1000030 Lease No. Doo-C-1				
	Dome navajo 28-23-6 2 Rusty Chara State, Federal or Fee Auotted 20-504				
	Location				
	Unit Letter I : 1780 Feet From The 200 + Line and 830 Feet From The 605†				
Line of Section 38 Township 330 Range 1010 , NMPM, SWYSONG!				W() County	
				County	
	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)	
	Reine of Hamas			•	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to which approve	d copy of this form is to be sent)	
	Trucko Cile To	_	410 DTC BIND DE	TUER CO 80237	
	TEXALO OLIS AL	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	J 38 330 100	1265	LN WARY 30, 1982	
	and the state of t	A.,	give commingling order number:		
If this production is commingled with that from any other lease or pool, give commingling order IV. COMPLETION DATA					
•••		Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		i i		
	Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top Oll/Gas Pay	. I alling Depth	
				Depth Casing Shoe	
	Perforations	Periordions			
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLL SIZE	1			
		İ			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or ex				nd must be equal to or exceed top allow	
•	OIL WELL	able for this de	pth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	Marie Marie	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
		Cii-Bbls.	Water-Bbla. MAY 0 Z1004	Gas-MCF	
	Actual Prod. During Test		MAY 0 71984		
	OIL CON. DIV.			IV	
	GAS WELL				
	Actual Prod. Test-MCF/L	Length of Test	Bbls. Condensate/MMCFDIST. 3	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
• •	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. TEXACO Inc. as Operator for Texaco Oils		MAY	07 1984	
			APPROVED	, 18	
			BY Trank		
			11 *	R DISTRICT #3	
			TITLE		
	Ω_{Λ}		This form is to be filed in	compliance with RULE 1104.	
	ll-R. Mary		and the second for allow	while for a newly drilled or deepened	
4	(Signature)		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 allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
	Field Supt.				
	(Title)				
	3-9-84 (Date)				
			Well name of number, of transport	t be filed for each pool in multiply	
	M		Separate Forms Color and	-	

