1	HO. OF COPIES MECETYED	/		,
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
	SANTA FE			
	FILE		AND (D)	B a Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURATIO	& G B
	LAND OFFICE		~4	
	TRANSPORTER GAS			MAP. EM
	OPERATOR		0//	4/90
	PRORATION OFFICE			
1.	Operator			D/C2 · D/14
	REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE OPERATOR TEXACO Inc., Address.			
	P. O. Box 2100, Denver, Colorado 80201			
Reason: \ (or filing (Check proper box)				· · · · · · · · · · · · · · · · · · ·
	New W.	Change in Transporter of:		
	Recompletion Change in OPERATOR	Oil Dry Gas Casinghead Gas Condens		
	Change In OPERAIDE	Cusinghed Gus Condens	·	
If change of ownership give name Dome Petroleum Corp., 1625 Broadway, Denver, Colorad and address of previous owner Dome Petroleum Corp., 1625 Broadway, Denver, Colorad				er, Colorado
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
-	Lease Name Well No. Pool Name, Including Formation Kind of Lease NAVA 30 Lease No.			
	Line of Section 35 Township 22N Range LW , NMPM, SANDOVA County			
	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
111.	Nome of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form i				ed gopy of this form is to be sent)
	TEXACO OILS INC.		460 / DTC BLVD. DEN	VER. CO. 80237
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas acteally connected? Whe	
	give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No	
	If this production is commingled wit	h that from any other lease or pool, a	give commingling order number:	
IV.	COMPLETION DATA			Plug Back Same Resty. Diff. Resty.
	Designate Type of Completio		I Deepen	, lag back
	Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spaages			
	Elevations (DF, Rhb, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND		SACKE CENENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u> </u>	I		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or				and must be equal to or exceed top allow-
``	OIT WEST			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				i, etc.)
			ID) E C SIVE	Choke Size
	Length of Test	Tubing Pressure	Cas Problems (2)	Choke Size
		1	Warra Bright AV C	Gas - MCF
Actual Prod. During Test Cit-Bble. Water-BbleMAY 0 71984				
OIL CON. DIV.				
	GAS WELL		DIST. DIV.	
	Acida From Teel-MCF/L	Length of Test	Bbis. Condensate MMCF	Gravity of Condensate
		1		
	Testing Methic (pitot, back pr.,	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	i !			
VI. CERTIFICATE OF COMPLIANCE				TION COMMISSION
• •	I hereby certify that the rules and regulations of the Oil Conservation Communation have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		MAY	′ 0 7∕ 1 984
			APPROVED	
			Inc. SUPERVISOR DISTRICT 5	
			TITLE	
	$\Omega_{\mathcal{L}}$		This form is to be filed in	compliance with RULE 1104.
,	Field Supt. (Signosure)		The second for allow	while for a newly drilled or deepened
(well, this form must be accompanied by a tabliation 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-	
	(7)	(le)	able 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.	
	3-9-84			
	(i) a	₹ ₹/	Separate Forms C-104 mus	t be filed for each pool in multiply
			II transferrette	

