		<u>-</u>	/	
1.	MO. OF COPIES RECEPTED	4		•
	SANTA FE	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
	FILE	4	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUDAL #	*
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL DISTRICT LAND OFFICE			DE A
	TRANSPORTER OIL GAS OPERATOR			
	OPERATOR GAS	-	7.	
	PROPATION OFFICE			
	Operator CONTRACTOR TO THE PROPERTY OF THE PRO		———	11 CO:
	TEXACO Inc.,			CON. DIV
	P. O. Box 2100), Denver, Colorado 8	30201	DIST. 3
	Reason(s) for filing (Check proper box) Qther (Please explain)			
	New We /	Change in Transporter of:		
	Recompletion	Oil Dry Ga	ıs 🔀	
	Change in 0/2ERATOR	Casinghead Gas Conder	nsate	
	If change of ownership give name r	Nome Detroleum Corn	1625 Broadway Don	war Calarada
	If change of ownership give name Dome Petroleum Corp., 1625 Broadway, Denver, Colorado and address of previous owner			
11.	DESCRIPTION OF WELL AND LEASE			
	Lease Name Well No. Pool Name, Including Formation Kind of Lease COCCO Lease No.			
	Focation 12-99	1-71 a Kusty (no	ICRC State, Federa	or Fee ALLOHED 20-53B
	K 1000 60 110 1600			
	Unit Letter 1 : 18 00 Feet From The 30047 Line and 10 [0 Feet From The 0057			
	Line of Section 17 Township 220 Range TW , NMPM, SWOODVOL County			
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
111.	Name of Authorized Transporter of Oil		Address (Give address to which approx	ed copy of this form is to be sent)
IV.	1			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	TEXACO OILS INC.	The second secon	4601 DTC BLVD., DE	WER, Co. 80237
	If well produces oil or liquids, Unit Sec. Twp. Pige. Is 335-bcYudify Johnetied? When give location of tanks.			
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Sale Space	Jan Companies, 10 most	l sold Septin	7.5.1.5.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	Septim desired by the septim s			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				1
			1	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 exceed top allow-			
	OII, WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t atc. l
	Date First New Cir Ash 10 Idaks	Date of Test	Producing Method (1 tow, pump, gas to)	, •,
	Length of Test	Tubing Pressure	Casing PHDr. 5 (0 E 1 R/	LChoke Size
		!	Casino LE RE E M	נון ז
	Actual Prod. During Test	Cii-Bble.	Water-Biblio	GLJ ^{CF}
		4	MAY 0 71984	
	GAS WELL OIL CON DIV			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MD757. 3	Gravity of Condensate
				Challe Size
	Testing Method (pitot, back pr.)	Tuning Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled 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	17 1001
			APPROVED	0 1004 . 19
			BY_ Srank	
			Inc. SUPERVISOR DISTRICT # 3	
	Charles more		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
	Alex R- Mark (Signature)		I want this form must be accompanied by a tabulation of the deviation	
	Field Supt.		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	7- 4- 511		able on new and recompleted wells.	
	3-9-84 (Date)		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.	
			Separate Forms C-104 must	be filed for each pool in multiply
	שמרכ (אלו אמד כווד	MGA	I completed wells.	

