

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

Operator: **TEXACO INC.**

Address: **P. O. Box 2100, Denver, CO. 80201**

Reason(s) for filing (Check proper box):

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	This reports change of ownership
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	from Texaco Oils Inc. to Texaco
	Dry Gas <input type="checkbox"/>	Producing Inc.
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: **Texaco Oils Inc., P. O. Box 2100, Denver, CO. 80201**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Dome Navajo 17-22-7</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Rusty Chacra</b>	Kind of Lease <b>Navajo</b>	Lease No. <b>NOO-C-14</b>
Location			State, Federal or Fee <b>Allotted</b>	<b>20-5382</b>
Unit Letter <b>K</b> ; <b>1820</b> Feet From The <b>South</b> Line and <b>1570</b> Feet From The <b>West</b>				
Line of Section <b>17</b> Township <b>22N</b> Range <b>7W</b> , NMPM, <b>Sandoval</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texaco Inc.</b>	<b>P. O. Box EE, Cortez, CO. 81321</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>Yes 8/21/84</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(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 Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

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 PRODUCING INC.**

(Signature)

**AREA SUPERINTENDENT**

(Title)

**6/19/87**

(Date)

**OIL CONSERVATION COMMISSION**

**JUN 26 1987**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **[Signature]**

TITLE **SUPERVISION DISTRICT #3**

This form is to be filed in compliance with RULE 1104.

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.