

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-107  
 Effective 1-1-85

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**RECEIVED**  
 MAR 14 1984  
 OIL CON. DIV.  
 DIST. 3

I. Operator **TEXACO Inc.,**  
 Address **P. O. Box 2100, Denver, Colorado 80201**

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in OPERATOR  Casinghead Gas  Condensate

Other (Please explain) [REDACTED]

If change of ownership give name and address of previous owner **Dome Petroleum Corp., 1625 Broadway, Denver, Colorado**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Dome Federal 29-22-10** Well No. **3** Pool Name, including Formation **Besty Chacra** Kind of Lease **Federal** Lease No. **NM 16076**

Location  
 Unit Letter **H**; **1820** Feet From The **NORTH** Line and **850** Feet From The **EAST**  
 Line of Section **29** Township **22N** Range **10W**, NMPM, **Sandoval** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  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 is to be sent)  
**TEXACO OILS INC** **4101 DTC BLDG DENVER, CO, 80237**

If well produces oil or liquids, give location of tanks. Unit **H** Sec. **29** Twp. **22N** Rge. **10W** Is gas actually connected? **yes** When **January 26, 1982**

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 (D.F., R.H.B., R.T., 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 - MCF \_\_\_\_\_

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GAS WELL

Actual Prod. Test - MCF \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_

Testing Method (pilot, back prod.) \_\_\_\_\_ 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 Oils**

Alvin R. Mans  
 (Signature)  
 Field Supt.

Date 3-9-84

NMOC (3) DCH CDE ARM

OIL CONSERVATION COMMISSION  
**MAY 07 1984**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Frank J. Guey  
 Inc. \_\_\_\_\_  
 TITLE **SUPERVISOR 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.

