1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  TEXACO INC.  Address  P. O. Box EE, Cor  Reason(s) for filing (Check proper box New We!!  Recompletion  Change in Ownership	REQUEST AUTHORIZATION TO TRA	Energy Corp.,	sporter was Gary now it is Giant
	If change of ownership give name and address of previous owner			
н.	DESCRIPTION OF WELL AND	LEASF.	ormation   Kind of Lease	Navajo Legse No.
	Dome Navajo 22-22		11up State, Federal	Navajo Logse No.
Unit Letter P : 660 Feet From The S Line and 660 Feet From The E				The E
Line of Section 22 Township 22N Range 7W , NMFM, Sandoval				
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil Giant Industries	or Condensate	Address (Give address to which approv	· 1
	Name of Authorized Transporter of Cas		P.O. Box 9156, Phoe Address (Give address to which approv	ved copy of this form is to be sent)
	Texaco Inc. If well produces oil or liquids,	Unit Sec. Twp. P.ge. P 22 22N 7W	Is gas actually connected? Whe	n
Į,	give location of tanks.  If this production is commingled wit	h that from any other lease or pool,	yes	4/26/82
٧. <sub>(</sub>	COMPLETION DATA	Plug Back   Same Resty. Diff. Resty.		
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!I/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
-	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
-				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	1	ind must be egged to or exceed top gllow-
	II. WELL able for this department of the departm		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	un van n.
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
	•			
	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
f	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ا ۱. و	CERTIFICATE OF COMPLIANC	EE	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.		BY SUPERVISOR DISTRICT # 3		
(Signature)  AREA SUPERINTENDENT  (Title)  APP 2 7 1987  (Date)			This form is to be filed in compliance with RULE 1104.	
			If this is a request for allowable for a newly drilled or despened 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 transporten or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells.	