

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-111
Effective 1-1-65

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OIL CON. DIV.
DIST. 3

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

I. Operator **TEXACO Inc.,**
Address **P. O. Box 2100, Denver, Colorado 80201**
Reason 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-Tesoro #27	Well No. 3	Pool Name, including Formation RUSTY Gallup	Kind of Lease NAVASO	Lease No. N00-C-14-20-5365
Location Unit Letter 0 ; 830 Feet From The NORTH Line and 790 Feet From The WEST Line of Section 27 Township 22N Range 7W , NMPM, SANDORA County			State, Federal or Fee Allotted	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN Corp	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Oils Inc.	Address (Give address to which approved copy of this form is to be sent) 4601 DTC BLVD DENVER COLORADO 80237			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 27	Twp. 22N	Rge. 7W
	Is gas actually connected? YES		When APR 11 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 (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-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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

Abner R. Mart
(Signature)
Field Supt.

(Title)

3-7-84

(Date)

NMCC (3) NMH CDP ARM

OIL CONSERVATION COMMISSION

MAY 07 1984

APPROVED _____, 19____
BY **Frank J. [Signature]**
Inc. SUPERVISOR DISTRICT #3
TITLE _____

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.

