			/		
	HO. OF COPIES RECEIVES		/		
	DISTRIBUTION		DNSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S	AUTHORIZATION TO TRA	AND		
	LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	7 F 0 -	
	I RANSPORTER OIL		$U_{\parallel}$	ECEIVE O	
	GAS		•		
	OPERATOR			MAR	
ì.	PRORATION OFFICE Operator		O/,	14/984 (1)	
	TEXACO Inc.,		•	CON A	
	Address		0201	0/S1. 3 0/V	
	P. O. Box 2100	, Denver, Colorado 8	0201	• • •	
	Reason (1) for filing (Check proper box)		Other (Please explain)		
	New W.	Change in Transporter of:			
	Change in OPERATOR	Oil Dry Gas  Casinghead Gas Conden:		<i>i.</i>	
	Change in OPERATOR	Cusingheda Gus Condein	·		
	If change of ownership give name	ome Petroleum Corp.,	1625 Broadway, Denv	er, Colorado	
	change of ownership give name Dome Petroleum Corp., 1625 Broadway, Denver, Colorado nd address of previous owner Dome Petroleum Corp., 1625 Broadway, Denver, Colorado				
11.	DESCRIPTION OF WELL AND I	LEASE			
	Lease Name	Well No. Pool Name, Including Fo	Cigie Federal	nacyo Lease No. 1	
	Dome Maya 33-	26 2 RUSTY CNAC	150	8405-2018 DHECI 30-2018	
	076	Feet From The South Line	and 1650 Feet From Ti	11765+	
	Unit Letter : 8 (2)	reet from the OOTY) Line	r eet r rom Th		
	Line of Section 33 Township 330 Range 6W , NMPM, SUNCOVAL County				
III.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approve	ed conv of this form is to be sent!	
	Name of Authorized Transporter of Oil	or condensate	Address force address to affice appropri	2 2007 07 21112 701111 12 12 22 22 11117	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)	
	TEXULO OILS IT	<u> </u>	41001 DTC BIVE DE	NUER CO 80237	
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? When		
	give location of tanks.	m 133 1220 100	U.CS	12-10-82	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA  CII Well Gas Well New Well Workever Deepen Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completio		1 John Mell	1	
	Date Spudged	Date Compi. Ready to Frod.	Total Depth	P.B.T.D.	
	Date spaces				
	Elevations (DF, RES, RT, GE, etc.	Name of Freducing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Ferforations Depth Casing Silve				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				:	
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					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fier recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow.	
	Pate First New Oil Run To Tanks	Date of Test		etc.)	
	:		DEGETTE	A Comment of the Comm	
	Length of Test	Tubing Pressure	Casing Ataswe	199 · Siz•	
		Cii-Bble.	Water-Bble. MAY 0 71984	Gas - MCF	
	Actual Prod. During Test	CiBL.			
		1	OIL CON. DIV.		
	GAS WELL		DIST. 3	DIST. 3	
	Actual Prod. Test-MCF C	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Traing Method (pitot, back pr.,	Turing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	<u> </u>		il conserva	TION COMMISSION	
Vi.	I hereby certify that the rules and regulations of the Oil Conservation Communication 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		OIL CONSERVA	0.7 1001	
			APPROVED MAY	07 1984	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$(\mathcal{I})$	
			TDC SUPERVISOR I	ISTRICT #3	
			Inc. SUPERVISOR DISTRICT		
	$\Omega_{2}$		This form is to be filed in compliance with RULE 1104.		
	Aha R. Mary		Il and the state of the state o		
	(Signolwe)		well, this form must be accompanied by a tabulation of the desired tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-		
	Field Sunt.				
	(7)	(Tule		shie 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.	
	5-7-84	1 (i) ste			
				be filed for each pool in multiply	
	אואטטיט (1) איז הוום הוום	Max	completed wells.		

