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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

Operator TEXACO INC.	
Address P.O. Box EE, Cortez, CO. 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Previous transporter was Permian, now it is Gary Energy Corp.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name Santa Fe Leggs	Well No. 2	Pool Name, including Formation Leggs - Entrada	Kind of Lease State, Federal or Fee Fee
Location Unit Letter N ; 990' Feet From The South Line and 2310' Feet From The West Line of Section 11 Township 21N Range 10W , NMPM, San Juan County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Gary Energy Corp.		115 Inverness Dr., Englewood, CO. 80112	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 21N
			Pge. 10W
			Is gas actually connected? No
			When

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

COMPLETION DATA									
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Deviations (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

TEST DATA AND REQUEST FOR ALLOWABLE (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	
Length of Test		Producing Method (Flow, pump, gas lift, etc.)	
Actual Prod. During Test		Tubing Pressure	
		Casing Pressure	
		Choke Size	
		Water-Bbls.	
		Gas-MCF	

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

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.	
SIGNED A. R. MARX	
(Signature)	
AREA SUPERINTENDENT	
(Title)	
10/10/86	

OIL CONSERVATION COMMISSION	
OCT 20 1986	
APPROVED _____	
BY _____	
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, lease, or other such change of condition.	