

NO. OF COPIES RECEIVED		DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE				AND		Effective 1-1-65	
U.S.O.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE							
TRANSPORTER		OIL					
		GAS					
OPERATOR							
PRORATION OFFICE							
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,			
Recompletion <input type="checkbox"/>				now it is Gary Energy Corp.			
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		Well No.		Pool Name, including Formation		Kind of Lease	
Jicarilla "C"		28		Basin Dakota		Jicarilla	
Location						State, Federal or Fee Apache	
Unit Letter		B		790 Feet From The North		Line and 1650 Feet From The East	
Line of Section		34		Township 25N		Range 5W, NMPM, Rio Arriba	
						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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company				P.O. Box 990, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
		B		34		25N	
						Rge. 5W	
						Is gas actually connected? yes	
						When 11/81	
(If this production is commingled with that from any other lease or pool, give commingling order number:)							
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	
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	
				OCT 20 1986		D	
GAS WELL							
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, 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.							
OIL CONSERVATION COMMISSION							
APPROVED							
BY							
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							
(Signature)							
AREA SUPERINTENDENT							
(Title)							
10/10/86							
(Date)							