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LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION 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., Operator for Texaco Producing Inc., et al.

Address
4601 DTC Blvd., Denver, Colorado 80237

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Change of Operator from Sun Oil Company to Texaco Inc. effective 1-1-85

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	Lease No.
Roberts, C. W.	6	Ojo Alamo/Dakota	State, Federal or Fee Fed	079000

Location
Unit Letter C : 1840 Feet From The North Line and 1175 Feet From The East

Line of Section 18 Township 29N Range 8W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate ☐
Address (Give address to which approved copy of this form is to be sent)
Permian Corporation — P. O. Box 1428, Denver, CO 80201

Name of Authorized Transporter of Casinghead Gas X or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
Texaco Producing Inc. — 4601 DTC Blvd., Denver, CO 80237

If well produces oil or liquids, give location of tanks.
Unit J | Sec. 16 | Twp. 29N | Rge. 8W
Is gas actually connected? Yes | When 1982

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

(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)

OIL WELL

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/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.

(Signature)
District Manager / Permian
(Title)
March 8, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 1985
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, well name or number, or transporter or other such changes of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.