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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Oil C-104 and C-110
Effective 1-1-67

Operator Texaco Inc. Operator 122 Toland Producing Inc. (11)	
Address 4601 DTC Blvd Denver Colorado 80237	
Reasons for filing (check proper box)	
New Well ☐	Change in Transporter of ☐
Re-completion ☐	Change in Operator from ☐
Change in Ownership ☐	Change in Gas ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Roberts, C. W.	Section 6 Township 25N Range 30W	Kind of Lease State, Federal or Free Prod	Lease No 079500
Location			
Unit Letter G	1840	Feet from The North Line and 17.5	Feet from the East
Line of Section 18	Township 25N	Range 30W	Section 6

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address of the address to which approved copy of this form is to be sent
Permian Corporation	P. O. Box 1128, Denver, CO 80201
Name of Authorized Transporter of Gas or Natural Gas ☒	Address of the 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 production of tanks.	Is gas naturally compressed When
3 16 100 50	Yes 1982

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

COMPLETION DATA

Designate Type of Completion (1-10)	Well	Flow rate	Flow rate	Flow rate	Flow rate	Flow rate	Flow rate	Flow rate	Flow rate
Date Started	Date Started Ready to Prod.	Total Depth	P.B. Test						
Flow Rate (B/D, M3, RT, CR, etc.)	Rate of Flowing Production	Top of Gas Flow	Flowing Depth						
Perforations									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	STRAINS SET

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Time of Test	Date of Test	Producing Form (Flow pump, gas lift, etc.)	
Duration of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

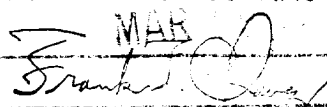
Actual Prod. Test (CF/D)	Length of Test	Bbls. Condensate (incl. 3)	Gravity of Condensate
Testing Method (Vent to tank)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATION AND SIGNATURE

I hereby certify that the information and regular data on the Oil Conservation Commission form is correct as with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
District Manager / K. H. H. H.
(Title)
March 8, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED 
BY
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RUCS 1000.
If this is a request for allowable for a newly drilled or designed well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RUCS 1000.
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.

