NO. OF COPIES REC	EIVED	 1	
DISTRIBUTIO		l	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			I -

}	DISTRIBUTION				NEW MEXICO OIL CONSERVATION COMMISSION		Form C=104		
ŀ	SANTA FE				REQUEST	Supersedes Old C-104 and C-110 Effective 1-1-65			
}	FILE U.S.G.S.		 -		4117110D1747101170 TD				
}	LAND OFFICE				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
		OIL		1					
	TRANSPORTER	GA	s	\vdash					
	OPERATOR								
1.	PROBATION OF	FICE							
	Operator								
	TEXACO INC. Address P.O. Box EE, Cortez, CO. 81321								
	Reason(s) for filing				2, 00. 81321	Other (Please explain)			
	New We!! Change in Transporter of: Previous transporter was I								
	Recompletion		On						
	Change in Ownership Casinghead Gas Condensate								
	If change of owner	rehin (aive na	me					
	and address of pre-								
					5405				
11.	DESCRIPTION OF WELL AND LEASE. Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease N								
	C. W. Roberts 6 Blanco Mesa Verd						erde State, Federal or Fee Fed SF079600		
	Location					1			
	Unit Letter	G	;	18	340 Feet From The North Li	ne and 1730 Feet Fro	om The <u>East</u>		
	Line of Section	1	L8	Tow	mship 25N Range 3	W , NMPM, Rio	Arriba County		
					TOP OF OUR AND MARKINAL C	4.5			
III.	Name of Authorized	d Tran	RANSI	20R1	CER OF OIL AND NATURAL GA	Address (Give address to which ap	oproved copy of this form is to be sent)		
	1						Į.		
	Name of Authorized	d Tran	sporter of	D. Cas	Inghead Gas X or Dry Gas	Address (Give address to which ap	115 Inverness Dr., Englewood, CO. 80112 Address (Give address to which approved copy of this form is to be sent)		
	El Paso N					P.O. Box 990, Fari	P.O. Box 990, Farmington, NM 87499		
	If well produces oil	il or lic	guids.		Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tar				G 18 25N 3W	Yes	4/12/82		
	If this production	is cor	mmingle	d wit	h that from any other lease or pool,	, give commingling order number:			
IV.	COMPLETION I	<u>DATA</u>	١		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Ty	ype o	f Comp	oletio					
	Date Spudded				Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RF	\overline{KB} , $R7$	T, GR, e	tc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
							Denth Casing Shoe		
	Perforations						Depth Casing Shoe		
	TURING CASING AND					ID CENEUTING DECORD			
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT					
	HOLI	E SIZ	<u> </u>		CASING & TOBING SIZE	52.11.62			
	<u> </u>								
V.	TEST DATA AN	ND R	EQUE	ST F	OR ALLOWABLE (Test must be	after recovery of total volume of load	loil and must be equal to or exceed top allow-		
	OIL WELL				able for this c	depth or be for full 24 hours) Producing Method (Flow, pump, go	as lift, etc.)		
	Date First New Oi	il Run	To Tani	, 9	Date of Test	Floadenid Manager			
	Length of Test		····		Tubing Pressure	Casing Pressure	Choke Size		
	2011,111								
	Actual Prod. Durin	ng Tes	it		Oil-Bbla.	Water - Bble.	Gas-MCF		
	GAS WELL				Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test	I-MCF	/0		Length of Test				
	Testing Method (p	oitot. b	ack pr.	,	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	,					·			
1 /1	. CERTIFICATE	OF	COMP	IIAN	CF	OIL CONSE	RVATION COMMISSION		
V I	. CERTIFICATE	, Or t	COMP	LIMIN	CE		1986		
	I harahu certifu t	that th	ne rules	and	regulations of the Oil Conservation	n APPROVED	19		
	Commission have	a heer	n comb	lied v	with and that the information give:	n .			
	above is true and complete to the best of my knowledge and belief.			e Deat of my knowledge and better	Successed State # 5				
						TITLE			
						This form is to be filed	i in compliance with RULE 1104.		
	(Signature) AREA SUPERINTENDENT (Title)				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	teats 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.				
	٦.	0/1	0/86			Titl and only Sections	The section I II III and VI for changes of owner,		
		-/ 1	5,00		ate)	well name or number, or transporter, or other such change of conditions			
				,-		Separate Forms C-104 completed wells.	Separate Forms C-104 must be filed for each pool in multiply		
!						" COMPLETED HOUSE.			