

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 13 1988
OIL CON. DIV.
DIST. 3

I. Operator
Texaco Inc.

Address
P. O. Box EE, Cortez, CO 81321

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)
Gas is gathered for compression at a central facility by Texaco, then sold to El Paso.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "C"	Well No. 1E	Pool Name, including Formation Lindrith Gallup/Dakota W.	Kind of Lease State, Federal or Fee Indian Cont.	Lease No. #34
Location Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1840</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>25N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
Texaco/El Paso Natural Gas Co.	P. O. Box 990, Farmington, N.M. 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>H</u> Sec. <u>28</u> Twp. <u>25N</u> Rge. <u>5W</u>	No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Alan A. Kleier
(Signature)
AREA MANAGER
5-10-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____
BY James D. Chang
TITLE SUPERVISION 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 change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

NMOGCC(3)Santa Fe NMOGCC(1)Aztec AAK-MLK