

**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

*Confidential* B.K.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

**I. OPERATOR**

Operator: **TEXACO, Inc. Producing Dept. Rocky Mountains U. S.**

Address: **P. O. Box EE Cortez Colorado 81321**

Reason(s) for filing (Check proper box):  
 New Well:  Change in Transporter of:  
 Recompletion:  Oil:  Dry Gas:   
 Change in Ownership:  Casinghead Gas:  Condensate:

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Navajo Tribe "BR"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Tocito Dome Penn "D" Ext.</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	NOO-C No. 1 <b>20-2727</b>
Location Unit Letter <b>C</b> ; <b>510</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>3</b> Township <b>25N</b> Range <b>18W</b> , NMPM, <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Four Corners Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1588, Farmington, N. M. 87401</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box EE Cortez Colorado 81321</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>3</b>	Twp. <b>25N</b>	Rge. <b>18W</b>
Is gas actually connected? <b>No</b>				When

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>3-16-74</b>	Date Compl. Ready to Prod. <b>5-23-74</b>	Total Depth <b>6558'</b>		P.B.T.D. <b>6540'</b>		Elevations (DF, RKB, RT, GR, etc.) <b>5699GR, 5713RKB</b>		
Name of Producing Formation <b>Barker Creek</b>		Top Oil/Gas Pay <b>6558'</b>		Tubing Depth <b>6525'</b>		Depth Casing Shoe <b>6557'</b>		
Perforations <b>6465-77</b>								
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>20</b>	<b>16"</b>	<b>82</b>		<b>100</b>				
<b>12 1/2</b>	<b>9-5/8</b>	<b>1604</b>		<b>700</b>				
<b>8-3/4</b>	<b>7"</b>	<b>6559</b>		<b>300</b>				

**V. 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)

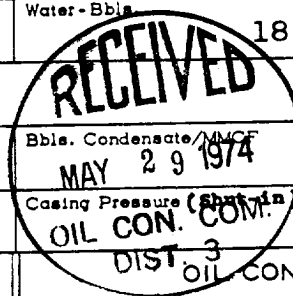
Date First New Oil Run To Tanks <b>5-9-74</b>	Date of Test <b>5-23-74</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>20 lbs.</b>	Casing Pressure <b>20 lbs.</b>	Choke Size <b>None</b>
Actual Prod. During Test <b>2</b>	Oil-Bbls. <b>2</b>	Water-Bbls. <b>18</b>	Gas-MCF <b>0</b>

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF <b>MAY 29 1974</b>	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. 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.

*Oliver R. Mandy*  
(Signature)  
**Field Foreman**  
(Title)  
\_\_\_\_\_  
(Date)



OIL CONSERVATION COMMISSION  
**MAY 29 1974**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by Emery C. Arnold  
SUPERVISOR DIST. #5  
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.