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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-11
Effective 1-1-65

Operator: TEXACO, Inc.

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

Reason(s) for filing (Check proper box) | Other (Please explain)

New Well: X | Change in Transporter of: | Oil [ ] | Gas [ ]

Recompletion [ ] | 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Navajo Allottees "M"	3	Basin Dakota	State, Federal or Fee Federal	14-20-60 1434

Unit Letter D; 800 Feet From The N Line and 900 Feet From The W

Section 23 Township 25N Range 11W NMPM San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X: The Permian Corp.
Address (Give address to which approved copy of this form is to be sent): Box 1183, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas X: El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent): Box 1492, El Paso Texas 79978

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	23	25	11	Yes	Feb. 10, 1976

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-19-75	8-8-'75	6085	6039

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6485 GR	Dakota	5905	6039

Perforations: 5905-16, 5926-32 — Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-3/4	8-5/8	682	300
7-7/8	5-9/16	6085	1625
	2-3/8	5867	

V. 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
3407	3 Hrs.	149	54.9
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	1738	1787	20/64

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.

RECEIVED
FEB 11 1976
OIL CON. COM.

Alvin R. Mary
(Signature)

Field Foreman
(Title)

2-10-1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 11 1976, 19

Original Signed by A. R. Kendrick

BY

SUPERVISOR DIST. #3

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.

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