

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANITARY	1
FILE	1
U.S.C.S.	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	2
REGISTRATION OFFICE	

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-105
Effective 1-1-65

TEXACO, Inc.	
P.O. Box EE, Cortez, Colorado 81321	
Reason for filing (check proper box)	
New Well ☒	Change in Transporter ☐
Recompletion ☐	Casinghead Gas ☐
Change in Ownership ☐	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	14-20-60
Navajo Allottees "M"	3	Basin Dakota	State, Federal or Free Federal	1434
Direction	Distance	Feet From The	Line and	Feet From The
D	800	N	Line and	900
Section	23	Township	25N	Range
			11W	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter (Give name and address of transporter)	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corp.	Box 1183, Houston, Texas 77001			
Is gas naturally compressed? ☒	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	Box 1492, El Paso Texas 79978			
Unit	Sec.	Twp.	Range	Is gas naturally compressed? 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 Rest.	Diff. Rest.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
7-19-75	8-8-'75	6085	6039					
6485 GR	Name of Producing Formation	Top Oil/Gas Day	6039					
	Dakota	5905	6039					
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 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 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

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3 Hrs.	149	54.9
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 is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION	
FEB 11 1976	
APPROVED	Original Signed by A. R. Kendrick
BY	SUPERVISOR DIST. #3
TITLE	

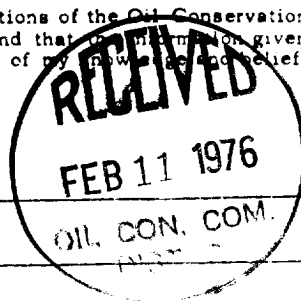
This form is to be filed in compliance with RULE 1104.

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.



Alvin R. Mart

Signature

Field Foreman

(Title)

2-10-1976

(Date)