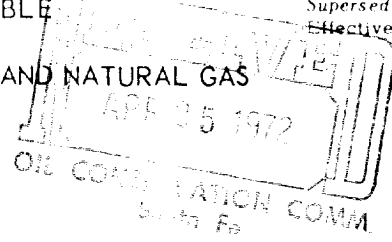


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TRANSPORTER	OIL GAS 2
OPERATOR	
PROVATION OFFICE	1

**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



Operator: **TEXACO Inc. - Producing Dept. - Rocky Mtns. U.S.**

Address: **P. O. Box 2100, Denver, Colorado 80201**

Reasons for filing (Check proper box) Other (Please explain)

New well  Change in transporter of

Improvement  or Dry Gas

Change in lease  or Condensate

If change of ownership, give name and address of previous owner:

**DESCRIPTION OF WELL AND LEASE**

Well Name: **Navajo Tribe "AL" 14-20-0603 8104** Well No./Port Name, Locating Direction: **2 Tocito Dome - Penn.** Kind of Lease: **"D"** State, Federal or Fee: **Fed.**

Section: **P 660** Feet from The **So.** Corner of **660'** Feet from The **East**

Range: **28** Township: **26 No.** Range: **18W** County: **San Juan**

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

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Gas (head gas)  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)

**Amoco Production Company** **501 Airport Drive, Farmington, N.M.**

Is gas actually commingled?  When: **87401**

Unit: **M** Sec: **27** Twp: **26N** Rge: **18W** **Yes** **1964**

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-137**

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen.	Plug back	Same Host.	Diff. Host.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Taking Depth		
Perforations							Depth Casing Shoe	

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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	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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**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.

(Signature) \_\_\_\_\_  
**District Superintendent**  
 (Title)  
**April 19, 1972**  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Original Signed by Emery C. Arnold**

TITLE **PRODUCER LOG #7**

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.