

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

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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

I.

Operator TEXACO Inc.	
Address Box 810, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe "AL"	Well No. 3	Pool Name, Including Formation Tocito Dome, Pennsylvanian "D"	Kind of Lease State, Federal or Fee Federal
Location Unit Letter K ; 1980 Feet From The South Line and 2130 Feet From The West			
Line of Section 28 , Township 26-N Range 18-W , NMPM, San Juan 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"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) Abilene Building, Abilene, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 27	Twp. 26-N
	Rge. 18-W	Is gas actually connected? No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 12-5-64	Date Compl. Ready to Prod. 1-19-65	Total Depth 6488'	P.B.T.D. 6322'					
Pool Tocito Dome	Name of Producing Formation Pennsylvanian "D"	Top Oil/Gas Pay 6313'	Tubing Depth 6317'					
Perforations 6313' to 6316'	Depth Casing Shoe 6398'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4"	13-3/8"	95'	100					
12-1/4"	8-5/8"	1511'	500					
7-7/8"	4-1/2"	6398'	150					
	2-3/8"	6317'						

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 1-12-65	Date of Test 2-1-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 17	Oil-Bbls. 11	Water-Bbls. 6	Gas-MCF -

GAS WELL

Actual Prod. Test-MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure -	Casing Pressure -	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.

C. P. Farmer

(Signature)

District Superintendent

February 5, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 5 1965**, 19

Original Signed By

BY **A. R. KENDRICK**

TITLE **PETROLEUM ENGINEER DIST. NO. 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 Sections I, II, III, and VI only 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.