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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 is
Effective 1-1-65

Operator

TEXACO INC. Producing Dept. U.S.

Address

P.O. Box EE, Cortez, CO. 81321

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Previous transporter was
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Four Corners Pipeline/Giant
		Dry Gas	<input type="checkbox"/>	Refining.
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.			
Navajo Tribe	AL 1	Tocito Dome Perm. "D"	State, Federal or Fee Federal	14-20-0603 8104			
Unit Letter	H	1980 Feet From The North	Line and	660 Feet From The East			
Line of Section	28	Township	26N	Range	18W	County	San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corp.	Box 1183, Houston, TX. 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texaco Inc.	P.O. Box EE, Cortez, CO. 81321					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is it actually collected?	When
	M	27	26N	18W	Yes	1964

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation - LDF, RKB, RT, CR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Corrosion	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 1/2" 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
Return Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

When First Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.

Alvin R. Mary
(Signature)

FIELD SUPERINTENDENT
(Title)

1/29/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

JAN 31 1985

SUPERVISOR DISTRICT # 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 deviate 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 multiple completed wells.