

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.		Well API No. 30-045-05921
Address 3300 N. Butler, Farmington, New Mexico 87401		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Change Pool Name from Gallegos Fruitland to South Gallegos Fruitland Sand - PC. Recompletion <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: POOL CHANGE ONLY Change in Operator <input type="checkbox"/> <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change of operator give name and address of previous operator		

I. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo "G"	Well No. 1	Pool Name, including Formation So. Gallegos Fruitland Sand-PC	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. 14-20-603-297
Location Unit Letter K : 1770 Feet From The South Line and 1770 Feet From The West Line Section 12 Township 26N Range 12W , NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When ?
If this production is commingled with that from any other lease or pool, give commingling order number: N/A	

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

GAS WELL			
Actual Prod. 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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Alan A. Kleier
Signature
Alan A. Kleier Area Manager
Printed Name
12-03-90 (505) 325-4397
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 06 1990**

By **Barry Chang**
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.