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TRANSPORTER	OIL 2 GAS 1
OPERATOR	1
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 C-110
Effective 1-1-65

Operator Texaco, Inc. Producing Dept. Rocky Mountains U.S.		
Address P.O. Box EE Cortez, Colorado 81321		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of:	
Re-completion ☐	Oil ☒	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe AR	Well No., Pool Name, including Formation 2 Tocito Dome Penn. "D"	Kind of Lease State, Federal or Fee Federal	14-20-0603 8103
Location Unit Center D 720 Feet From The North Line and 520 Feet From The West			
Section 27 Township 26N Range 18W N.M.S., San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Four Corners Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, N.M. 87401		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Texaco, Inc.	Address (Give address to which approved copy of this form is to be sent) Farmington, N.M. 87401		
If well produces oil or liquids, give location of tanks	Unit M	Sec. 27	Twp. 26N Rge. 18W
	Is gas actually connected? Yes		When 1964

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Re-workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Perforations (DF, RAB, RI, CR, etc.)	Name of Producing Formation		Tub. Oil/Gas Pay		Taking Depth			
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Alvin R. Mant
(Signature)
Field Foreman

(Title)

12-16-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED

Original

BY

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