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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION 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

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I. Operator
TEXACO Inc. Producing Dept. Rocky Mtns. U.S.
Address
P.O. Box EE, Cortez, Colorado 81321
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	14-20-060
Navajo Tribe "AR"	3	Tocito Dome - Penn. "D"	State, Federal or Fee	8103
Location				
Unit Letter	A	660 Feet From The	North	Line and 810 Feet From The East
Line of Section	27	Township	26N	Range 18W, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Four Corners Pipeline Co.	P.O. Box 1588, Farmington, N. Mex. 87401					
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, Colorado 81321					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected	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 Ammended

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.			
8-16-73	9-16-73		6320		6318			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5601GR 5613RKB	Barker Creek		6238		6276			
Perforations					Depth Casing Shoe			
6238-6250, 6245-6266								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8		119		100			
12 1/4	9-5/8		1608		600			
8-3/4	7		6320		975			

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.)	
9-16-73	9-18-73	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	425	Packer	32/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	798	86	258

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back in.)	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.

John R. May
Field Foreman

April 24, 1974

OIL CONSERVATION COMMISSION

APPROVED: APR 25 1974

BY: Original Signed by Emery C. Arnold

TITLE: SUPERVISOR DIST. #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 of the well from the well or abandonment well.

A tabulation of this form must be filed out completely for allowable on new and recompleted wells.

File out by Section I, II, III and VI for changes of owner, well name, location or transportation. Other such change of condition.

Separate forms of this must be filed for each pool or multiply