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U.S.G.S.		
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

Operator Texaco Inc.	
Address P. O. Box EE, Cortez, Co. 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Previous Transporter was Permian, now it is Texaco Trading & Transportation Inc.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

Lease Name Navajo Tribe AR	Well No. 3	Pool Name, including Formation Tocito Dome Penn "D"	Kind of Lease State, Federal or Fee Federal	Lease No. 4-20-9603 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				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Suite 2900, Denver, CO 80202
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box EE, Cortez, Co. 81321
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:									
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc.									
Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Suite 2900, Denver, CO 80202									
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc.									
Address (Give address to which approved copy of this form is to be sent) P. O. Box EE, Cortez, Co. 81321									
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:									
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 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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.	
SIGNED A. R. MARX	
(Signature)	
Area Superintendent	
(Title)	
SEP 10 1986	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED OCT 20 1986	
BY Frank J. [Signature]	
SUPERVISOR DISTRICT 3	
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	