

DATE RECEIVED	5
REGISTRATION	
DATE FILE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
REGISTRATION 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-1
Effective 1-1-65

TEXACO Inc. - Producing Dept. - Rocky Mts. U. S.

Address

P.O. Box 810, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

Other (Please explain)

New Well ☒

Change in Transporter of:

Recompletion ☐

Oil ☐

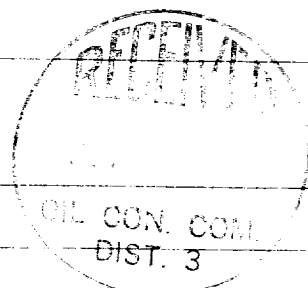
Dry Gas ☐

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	Well No.	Pool Name, including Formation	Kind of Lease	14-20-06				
Navajo Tribe "AL"	4	Tocito Dome - Penn. "D"	State, Federal or Fee Federal	8104				
Section	510	Feet From The North Line and	660	Feet From The East				
Line of Section	28	Township	26N	Range	18W	NMPL	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Four Corners Pipeline Co.	P.O. Box 1095, Compton, Calif., 90224					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Amoco Production Co.	501 Airport Drive, Farmington, N.M.					
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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sore Rest	Diff. Rest.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
9-9-73.	10-27-73	6370	6340					
Elevations (D.F., B.A.R., R.I., C.R., etc.)	Name of Producing Formation	Top Oil/Gas Dry	Timing Depth					
5687GR 5699KB	Barker Creek	6219	6221					
Perforations	Depth Casing Shoe							
6239-44, 6219-34	6370							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13-3/8	93	125
12 1/4	9-5/8	1612	600
8-3/4	7	6370	1175

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.)	
10-27-73	10-30-73	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hour	Treater	Treater	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF
	97	147	112

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod.)	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.

C. J. Squire

Production Foreman

6 Oct 4, 1973

OIL CONSERVATION COMMISSION

APPROVED NOV 6 1973

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 tests taken on the well in accordance with RULE 1104.

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, transporter or other such change of condition.