NO. OF COPIES RECEIVED	5	
DISTRIBUTION		
SANTA FE	/	
FILE	/	✓
U.S.G.S		
LAND OFFICE		
TRANSPORTER — OIL	/	
TRANSPORTER — GAS	/	
OPERATOR	/	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

[redacted]PY

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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)

				Other (Please explain)
New Well	●	Change in Transporter of:		
Recompletion	☐	Oil	☐ Dry Gas ☐	
Change in Ownership	☐	Casinghead Gas	X ☐ 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 (State, Federal or Fee)	Lease No.
Navajo Tribe "AL"	4	Tocito Dome - Penn. "D"	Federal	14-20-0601-8104

Location

Unit Letter A : 510 Feet From The North Line and 660 Feet From The East

Line of Section ~~28~~ 27 Township 26N Range 18W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate ☐	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 X or Dry Gas ☐	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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-9-73	10-27-73	6370	6340
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5687GR 5699KB	Barker Creek	6219	6221
Perforations			**Depth Casing Shoe**
6239-44, 6219-34			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	93	125
12¼	9-5/8	1612	600
8-3/4	7	6370	1175

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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 Hours	Treater	Treater	
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	97	147	112

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**

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 25 1974, 19

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 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

NM[illegible] - OCC