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TRANSPORTER	OIL	/
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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-
Effective 1-1-65

B.K.

Operator
TEXACO INC. ~~PRODUCING DEPT. - ROCKY MTS. U.S.~~

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

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
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 Navajo Tribe "BP"	Well No. 1	Pool Name, Including Formation Tocito Dome-Penn. "D"	Kind of Lease State, Federal or Fee Federal	NO. C-104 20-2727
Location				
Unit Letter E	1980	Feet From The North	Line and 510	Feet From The West
Line of Section 26	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"/> Four Corners Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1095 Compton, Calif. 90224
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Co.	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mex.
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Re-ty. <input type="checkbox"/>	Diff. Re-ty. <input type="checkbox"/>
Date Spudded September 28, 1973	Date Compl. Ready to Prod. October 17, 1973	Total Depth 6330	P.B.T.D. 6305					
Elevations (DF, RKE, RT, GR, etc.) 5579GR 5591 KB	Name of Producing Formation Barker Creek	Top Oil/Gas Pay 6240	Tubing Depth 6293					
Perforations 6 272-77, 6262-68, 6240-46	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8 o.d. 48#	94	125					
12 1/4	9 5/8 o.d. 32.3#	1612	800					
8 3/4	7 o.d. 23-26#	6330	1125					

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 10-17-73	Date of Test 10-21-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hr	Tubing Pressure 350	Casing Pressure Packer	Choke Size 32/64
Actual Prod. During Test 530	Oil-Bbls. 1060/day	Water-Bbls. 30	Gas-MCF 467

GAS WELL

Actual Prod. Test MCF/24 901	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, shut-in, etc.) DIST. 3	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.

Ch. Hogen
(Signature)
Production Foreman
(Title)

OIL CONSERVATION COMMISSION

APPROVED 10-24, 19 73
BY *Henry G. Cant*
TITLE *Dist. Foreman*

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.