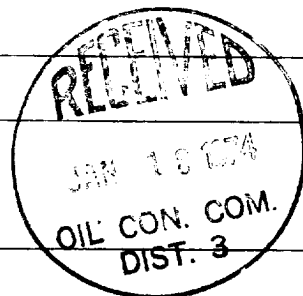


NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
ALBUQUERQUE	/
EL PASO	/
LAND OIL FIELD	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	

Address TEXACO Inc. - Producing Department - Rocky Mountains U. S.	
Address P. O. Box 810 Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	



II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe "AR"	Well No. 4	Pool Name, Including Formation Tocito Dome Pennsylvanian D	Kind of Lease State, Federal or Fee Federal	14-20-0603 8103
Location				
Unit Letter I	1880	Feet From The South Line and 660	Feet From The East	
Line of Section 27	Township 26N	Range 18 W	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 checked="" 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 Dr. Farmington, N. M. 87401	
Is well produces oil or liquids, give location of tanks.	Unit M	Sec. 27
	Twp. 26	Rge. 18
	Is gas actually connected? Yes	When 1964

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB 137 Amended**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 12-1-73	Date Compl. Ready to Prod. 1-8-74		Total Depth 6395		P.B.T.D. 6334			
Elevations (DF, RKB, RT, GR, etc.) 5612 GR 5624 KB	Name of Producing Formation Barker Creek		Top Oil/Gas Pay 6229		Tubing Depth 6299			
Perforations 6228-6238, 6260-6280					Depth Casing Shoe 6395			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	92	125
12 1/4	9 5/8	1602	600
8 3/4	7	6395	275

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 1-8-74	Date of Test 1-9-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hour	Tubing Pressure 375	Casing Pressure Packer	Choke Size 40/64
Actual Prod. During Test 369	Oil-Bbls. 369	Water-Bbls. 171	Gas-MCF 394

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]
(Signature)
Production Foreman
(Title)
1-10-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 18 1974 19
Original Signed by **A. R. Kendrick**
BY _____
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