DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUE	L CONSERVATION COMMISSION ST FOR ALLOWABLE AND	Supersedes Ole C-104 and Effective 1-1-65
LAND OFFICE I RANSPORTER OIL Z GAS / OPERATOR / PROPATION OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATUR	RAL GAS
Texaco, Inc. Pr	coducing Dept. Rock	y Mountains U.S	•
	Change in Transporter of: Oil Dry	Other (Please explain) Gas)
If change of ownership give name and address of previous owner	e		
DESCRIPTION OF WELL AN Legse Name Navajo Tribe BP	Well No. Pool Name, Including	Dame #54	1457728
Location	Tocato Done		ederal or FeeFederal 8108
Unit Letter C 5	510 Feet From The North	ine and 1980 Feet F	rom The West
Line of Section 26	Township 26N Range	18W , NMPM, San	Juan County
Four Corners Pipel Giant Refining, Ir	nc.	F.U. DUX 1008, Fa	pproved copy of this form is to be seas rmington, N.M. 87401
Name of Authorized Transporter of C	or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of Caraco, Inc.	Casinghead Gas or Dry Gas	P.O. Box EE Cort	ez. Colorado 81321
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	P.O. Box EE Cort	
Texaco, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled well and the second of	Unit Sec. Twp. Eqe.	P.O. Box EE Cort Is gas actually connected? Yes	ez, Colorado 81321 When 1964
Texaco, Inc. If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. M 27 26N 18W with that from any other lease or pool	P.O. Box EE Cort Is gas actually connected? Yes	ez, Colorado 81321 When
Texaco, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled well production to tanks. COMPLETION DATA Designate Type of Complete	Unit Sec. Twp. Ege. M 27 26N 18W with that from any other lease or pool	P.O. Box EE Cort Is gas actually connected? Yes give commingling order number:	ez, Colorado 8 321 When 1964 CTB-137 Ammended
Name of Authorized Transporter of C Texaco, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled well to the completion DATA Designate Type of Complete Date Spudded	Unit Sec. Twp. Fige. M 27 26N 18W with that from any other lease or pool tion - (X) Date Compl. Ready to Prod.	P.O. Box EE Cort Is gas actually connected? Yes give commingling order number: New Well Workover Deepen	When 1964 CTB-137 Anmended
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Alixi R. many	
Field Foreman	
 (Title)	

This form is to be filed in compliance with RULE 1164.

If this is a request for silowable for a newly drilled or despended 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 11 multiply