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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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-105
Effective 1-1-85

TEXACO INC. Producing Dept. U.S.
Address

P.O. Box EE, Cortez, CO. 81321

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Gas/Liquid Gas ☐ Condensate ☐

Other (Please explain)

Previous transporter was
Four Corners Pipeline/Giant
Refining.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe AR 5 Well No. 5 Location, including Meridian Tocito Dome Penn "D" Kind of Lease Federal 14-20-060
County 8103
North 1980 East 1980
Section 27 Township 26N Range 18W San Juan

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corp. Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX. 77251
Name of Authorized Transporter of Gas/Liquid Gas ☒ or Dry Gas ☐ Texaco Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box EE, Cortez, CO. 81321
Does it produce oil or liquids, give location of tanks. Unit M Sec. 27 Twp. 26N Rge. 18W Is gas actually produced? Yes When 1964

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same as Last Diff. Res
Date Completed Date Completed Ready to Produce Total Depth P.B.T.D.
Type of Completion (e.g., oil, gas, etc.) Name of Producing Formation Top Oil/Gas Layer Testing Depth
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
IL WELL

(Test must be after recovery of test volume of fluid oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Well No. 5 Test Run To Perforations Date of Test Producing Method (Flow, pump, gas lift, etc.)
Casing Pressure Choke Size
Oil/Gas/Water/Gel Water/Gel
JAN 31 1985
OIL CON. DIST. 3

IS WELL

Flow Test - MCF/D Date of Test Bbls. Condensate - MCF Gravity of Condensate
Casing Pressure (Shot-in) Casing Pressure (Shot-in) Choke Size

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 is true and complete to the best of my knowledge and belief.

Oliver R. Mearns
(Signature)

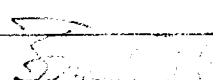
FIELD SUPERINTENDENT

(Title)

1/29/85

(Date)

OIL CONSERVATION COMMISSION

APPROVED  JAN 31 1985
BY 
TITLE SUPERVISOR DISTRICT # 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 deviated 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.