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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

I. Operator
TEXACO INC.

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 ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Previous transporter was Gary Energy Corp., now it is Giant Industries Inc.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe AR	Well No. 6	Pool Name, Including Formation Tocito Dome Penn "D"	Kind of Lease State, Federal or Fee Fed.	14-20-0603-8103
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>27</u> Township <u>26N</u> Range <u>18W</u> , 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"/> Giant Industries Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box EE, Cortez, CO. 81321					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 27	Twp. 26N	Range 18W	Is gas actually connected? yes	When 1964

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

SIGNED: A. A. KLEIER

(Signature)

AREA SUPERINTENDENT

APR 29 1987

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8103	
2. NAME OF OPERATOR TEXACO Inc. (303) 565-8401		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
3. ADDRESS OF OPERATOR P. O. Box EE, Cortez, CO 81321		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1930' FEL and 660' FSL Sec. 18		8. FARM OR LEASE NAME Navajo Tribe "AR"	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5610' GR		10. FIELD AND POOL, OR WILDCAT Tocito Dome Penn "D"	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T26N, R18W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Information	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

AR-6 produces from the Barker Creek formation. Produced water is commingled with other Barker Creek production and all water is disposed of into the Barker Creek in AR-8.

RECEIVED
BLM MAIL ROOM
88 MAR 23 PM 1:16
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
MAR 28 1988
OIL CON. DIV.
(DIST. 8)
ACCEPTED FOR RECORD
MAR 28 1988
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY [Signature]

18. I hereby certify that the foregoing is true and correct

SIGNED M. L. Kome for Alan A. Klier TITLE Area Superintendent DATE March 22, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Field		6. LEASE DESIGNATION AND SERIAL NO. 14-20-0603-8103	
2. NAME OF OPERATOR TEXACO INC.		7. UNIT AGREEMENT NAME Navajo	
3. ADDRESS OF OPERATOR P.O. Box EE		8. FARM OR LEASE NAME Navajo Tribe	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) Cortez, Colorado 81321		9. WELL NO. Field	
5. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Tocito Dome	
16. ELEVATIONS (Show whether SP, AT, CR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27, T26N-R18W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PILL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Flaring Natural Gas

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Natural gas was flared from April 22, 1989 to April 25, 1989 due to compressor downtime. Verbal approval was received by Texaco's Mark Kramer from BLM officials in Farmington, New Mexico.

Gas flared was approximately 750 MCF.

RECEIVED
JUL 19 1989
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED Alan G. Klever

TITLE: Area Manager

DATE May 4, 1989

(space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

BLM-Farmington (6), UOGCC (3), AAK

*See Instructions on Reverse Side
NMOC

FARMINGTON DISTRICT OFFICE
BY [Signature]