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TRANSPORTER OIL	1
TRANSPORTER GAS	1
OPERATOR	1
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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-110
Effective 1-1-65

B.C.

Confidential.

I. Operator
TEXACO, Inc. Producing Dept. Rocky Mountains U. S.

Address
P. O. Box EE Cortez, Colorado 81321

Reason(s) for Filing (Check proper box)

New Well	X	Change in Transporter of:			
Recompletion		Oil	X	Dry Gas	
Change in Ownership		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	Well No.	Pool Name, Including Formation	Kind of Lease	
Navajo Tribe "AR"	7	Tocito Dome Penn "D"	State, Federal or Fee Federal	8[illegible]

Location
Unit Letter N 810 Feet From The South Line and 1980 Feet From The West
Line of Section 27 Township 26N Range 18W, NMPM, San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate
Four Corners Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1588 Farmington, N. M.

Name of Authorized Transporter of Casinghead 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, Colorado

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
M	27	26N	18W	Yes	1974

If this production is commingled with that from any other lease or pool, give commingling order number CTB-157 Amendment

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-20-74	7-24-74	6415'	6371'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5696 GR 5708 KB	Barker Creek	6212'	6365'

Perforations	Depth Casing Shoe
6247-6251, 6263-6290	641'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20	16	48	75
12 1/4	10-3/4	1595	650
8-3/4	7	6415	1100
	2-7/8		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
7-27-74	8-2-74	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	---	---	---

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
83	83	221	[illegible]

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)
Field Foreman
(Title)
8-9-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED Aug 12 19[illegible]
BY
TITLE

This form is to be filed in compliance with RULE 1103.

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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completions.