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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-810
Effective 1-1-65

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		<input type="checkbox"/>		Change in Transporter of:					
Recompletion		<input type="checkbox"/>		Oil		<input checked="" type="checkbox"/>		Dry Gas	
Change in Ownership		<input type="checkbox"/>		Casinghead Gas		<input type="checkbox"/>		Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Navajo Tribe BP	Well No.	6	Pool Name, including Formation	Tocito Dome Penn. "D"	Kind of Lease	State, Federal or Fee	Federal	L-20-0603 8108
Location									
Unit Letter	O	660	Feet From The	South	Line and	2130	Feet From The	East	
Line of Section	26	Township	26N	Range	18W	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 Company Giant Refining, Inc.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, N.M. 87401 Farmington, N.M. 87401		
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, Colorado 81321		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	27	26N	18W	Yes	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DE, 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.

Field Foreman

(Title)

12-16-74

(Date)

OIL CONSERVATION COMMISSION

DEC 18 1974

APPROVED _____, 19

By Original Signed by Henry C. Arnold
SUPERVISOR DIST. #3

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