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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

Operator TEXACO, INC. Prod. Dept. Rocky Mtns. U. S. (26-510)	
Address P. O. Box EE Cortez, Colorado 81321	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe "BU"	Well No. 1	Pool Name, Including Formation Tocito Dome Pennsylvanian	"D" Kind of Lease Federal	Lease No. NOO-C-14-20-5432
Location				
Unit Letter A	510	Feet From The North	Line and 810	Feet From The East
Line of Section 34	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 Co. Giant Refinery Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, 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 M	Sec. 27	Twp. 26N	Rge. 18W	Is gas actually connected? Yes	When 1975

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 2-2-75	Date Compl. Ready to Prod. 3-9-75		Total Depth 6444'		P.B.T.D. 6412'			
Estimate of Hb., Relb., PL, GR, etc., 5605' GR	Name of Producing Formation Barker Creek		Top Oil/Gas Pay 6239'		Tubing Depth 6375'			
Perforations 6280'-84', 6301'-06', 6310'-28'					Depth Casing Shoe 6442'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8"		78'		125			
12 1/4	9-5/8"		1606'		600			
8-3/4	7"		6442'		300			
--	2-7/8"		--		--			

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 Test Tanks 3-9-75	Date of Test 3-12-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure 120 psi	Casing Pressure 120 psi	Choke Size none
Actual Prod. During Test 128 BO	Oil-Bbls. 128 BO	Water-Bbls. 205 BW	Gas-MCF

GAS WELL

Actual Prod. Test-MMCFD	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.

Alvin R. Marx
(Signature)
Field Foreman
(Title)
3-12-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #

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 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 completed wells.