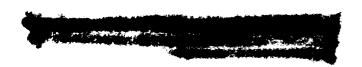
ſ	NO. OF COPIES SECEIVED				
	DISTRIBUTION	NEW MEXICO ON SO			
	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
1	FILE	KE GOEST 1	AND /	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL &	AS LAS LOS	
	LAND OFFICE		Z U	AS & Comments	
	TRANSPORTER OIL			Ma. C. P. Mar.	
	GAS OPERATOR		O ₄	MAR, 4 1984	
1.	PRORATION OFFICE			Ca 4/90 (1)	
I.,	Operator			V 4	
	TEXACO Inc.,			ST DI	
	P. O. Box 2100, Denver, Colorado 80201				
	Reason for tiling (Check proper box) Other (Please explain)				
	New We	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in OPERATOR	Casinghead Gas Conden	sate		
	If change of connecthin give name	_			
	and address of previous owner D	ome Petroleum Corp.,	1625 Broadway, Dent	ver, Colorado	
	DESCRIPTION OF WELL AND LEASE				
11.	Lease Name	Well No. You have Ing Hang F	nation Kind of Lease	Lease No.	
	FUSSELMAN FEDERAL	1 June - PICTUR	ED CLIFFS State, Federal	OF Fee FEDERAL NM-056022	
	Location				
	Unit Letter L : 165	O Feet From The SOUTH Line	e and <u>990</u> Feet From T	he WEST	
	1.57	241	13.11 Call	JUAN County	
	Line of Section 17 Tov	vnship ZGN Range /	12W , NMPM, SAN	JUAN County	
11	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s		
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cas		Address (Give address to which approv		
	EL PASO NATURAL G	Unit Sec. Twp. Age.	P.O. Box 1492, EL Pa	50, 1 × 19978	
	If well produces all or liquids, give location of tanks.	Unit Sec. Win 1.9e.	(1) (2) (2) 3 1/17		
	f this production is commingled with that from any other lease or pool, give commingling order number:				
ıv	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give comminging order number:		
	Designate Type of Completic	Gil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
			1	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, Rhb, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Periorations			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLL SILL				
			İ	<u> </u>	
		<u> </u>	1		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fier recovery of total volume of load oil: pth or be for full 24 hours)	and must be equal to or exceed top allow	
	OII, WELL Dain Fire New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)	
	Length of Test	Tubing Pressure	Casing Fransus	Choke Size	
				GgeoMCF	
	Actual Prod. During Test	, Ch - Bb	Water-Bbis. MAY C 71934		
		Out the second			
	GAS WELL				
	Acrus, Fras Test-MOF/L	Length of Test	Bris. Condensate/MMC91. 3	Gravity of Condensate	
	Testing Methas (pitus, back pr.)	Tuning Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			OIL CONSERVA	TION COMMISSION	
Vi.	CERTIFICATE OF COMPLIAN	CF	OIL CONSERVA	TION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED SMY	7 1984	
			Sand		
	TEXACO Inc. as Operator for Texaco Oils		TDC SUSTRIAL	939 915515	
	TEXACO Inc. as Oberator for Texaco Olls		Inc. SUPERVI	SOR DISTRICT #E)3	
			This form is to be filed in	compliance with RULE 1104.	
	Gland many		at all a la segment for allos	wable for a newly drilled or deepened inied by a tabulation of the deviation.	
	Field Supt.	iature j	tests taken on the well in acco	Idance with MAPE 1111	
			All sections of this form my	ast be filled out completely for allow-	
	7-4-84		able on new and recompleted walls.		
	3-9-84 we		li well name or number, or transpor	ter, or other such change of condition.	
	אינות ואון דיים מחסונים	2.011	Separate Forms C-104 mus	t be filed for each pool in multiply	
NAMES AND TAKE OF STREET OF STREET			H completed Weller		



The State of Marie