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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-111  
Effective 1-1-65

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MAR 14 1984

I. Operator **TEXACO Inc.,** **OIL CON. DIV.**  
Address **P. O. Box 2100, Denver, Colorado 80201** **DIST. 3**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:  Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in OPERATOR

If change of ownership give name and address of previous owner **Dome Petroleum Corp., 1625 Broadway, Denver, Colorado**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **KIRBY FEDERAL** Well No. **4** Pool Name, including Formation **WAW FRUITLAND-PICTURED CLIFFS** Kind of Lease **Federal** Lease No. **NM 308**

Location  
Unit Letter **C** : **990** Feet From The **North** Line and **1650** Feet From The **West**  
Line of Section **5** Township **26N** Range **13W** , NMPM, **SAN JUAN** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
**EL PASO NATURAL GAS CO.** **Box 990 Farmington, New Mexico 87401**

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? **No** When

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, R.H.L., AT, 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. **MAY 07 1984** Gas-MCF

GAS WELL

Actual Prod. Test-MCF Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pilot, back prod.) 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.

**TEXACO Inc. as Operator for Texaco Oils**

**Alan R. May**  
Field Supt. (Signature)

(Title)

**3-9-84**  
(Date)

OIL CONSERVATION COMMISSION

**MAY 07 1984**

APPROVED \_\_\_\_\_, 19

BY **Frank J. [Signature]**  
Inc. SUPERVISOR DISTRICT # **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 tested wells.

[REDACTED]