DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	2	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

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

I.

Operator: TEXACO, Inc. Prod. Dept. West U. S.

Address: P. O. Box EE, Cortez, Colo. 81321

Reason(s) for filing *(Check proper box)*: New Well [X]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ] Dry Gas [ ] 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 (State, Federal or Fee)	Lease No.
Navajo Tribe "BS"	4R	Tocito Dome Penn. "D"	Federal	N00-C-14 20-5431

Location: Unit Letter E ; 1980 Feet From The North Line and 810 Feet From The West

Line of Section 23 Township 26N Range 18W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: 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
P. O. Box 256, Farmington, N. M 87401

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Texaco, Inc.

Address *(Give address to which approved copy of this form is to be sent)*: P. O. Box EE, Cortez, Colo. 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	1977

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-17-77	3-25-77	6527	6490
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5673 GR	Barker Creek	6402	6409
Perforations			**Depth Casing Shoe**
6402-30, 6456-62			6525

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8"	87'	125
12¼	8-5/8"	1640'	700
7-7/8	5½"	6525'	900
	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.)*	
3-25-77	3-28-77	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs.	--	--	
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	341	79	

RECEIVED
APR 8 1977
OIL CON. COM.
DIST. 3

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.

Alvin R. Mann
(Signature)

Field Foreman
(Title)

3-29-77
(Date)

OIL CONSERVATION COMMISSION
4-18-77

APPROVED _____, 19 _____

BY Original Signed

TITLE SUPERVISOR

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 completed wells.

(NMOCC(5) GLW, ARM, JHH)