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U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
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

Operator

Texaco Inc.

Address

P. O. Box EE, Cortez, Co. 81321

Reason(s) for filing (Check proper box)

New Well ☐   Change In Transporter of:

Recompletion ☐   Oil ☒   Dry Gas ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

Other (Please explain)
Previous Transporter was Permian, now it is Texaco Trading & Transportation Inc.

If change of ownership give name
and address of previous owner _____

. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Navajo Tribe BS	4R	Tocito Dome Penn D	State, Federal or Fee Federal	NOO-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

. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texaco Trading & Transportation Inc.

Address (Give address to which approved copy of this form is to be sent)
1670 Broadway Suite 2900, Denver, Co 80202

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Texaco, Inc.

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

. 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, 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

. 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.)	
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

. 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.

SIGNED A. R. MARX
(Signature)

Area Superintendent
(Title)

SEP 10 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

SUPERVISOR

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