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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

RECEIVED
MAR 14 1984
OIL CON. DIV.
DIST. 3

Operator TEXACO Inc.,	
Address P. O. Box 2100, Denver, Colorado 80201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in OPERATOR <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE	
Lease Name FREW FEDERAL	Well No. <u>5</u> <u>WALW Fruitland</u> <u>PICTURED CLIFF</u>
Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. NM <u>0560223</u>
Location Unit Letter <u>A</u> : <u>1190</u> Feet From The <u>NORTH</u> Line and <u>1190</u> Feet From The <u>EAST</u> Line of Section <u>19</u> Township <u>26N</u> Range <u>12W</u> , NMPM, <u>SAN JUAN</u> County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS CO</u>	<u>Box 990 Farmington, N.M. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>Yes</u> <u>3-5-79</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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&B, 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

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. Gas - MCF

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GAS WELL	
Actual Prod. Test - MCF/D	Length of Test Bbls. Condensate 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.	
TEXACO Inc. as Operator for Texaco Oils	
<u>Alvin B. May</u> Field Supt. <u>3-9-84</u>	OIL CONSERVATION COMMISSION APPROVED <u>MAY 07 1984</u> , 19 BY <u>Frank J. [Signature]</u> TITLE <u>SUPERVISOR DISTRICT #3</u> 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.

[REDACTED]

continued on p.