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DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	
LAND OFFICE			
I HANSPORTER GAS			
OPERATOR			
PRORATION OFFICE Operator			
TEXACO INC.			
P. O. Box 2100 Reason(s) for filing (Check proper	, Denver, CO. 80201		
New Well	Change in Transporter of:	Other (Please explain)	inge of mership
Recompletion	Oil Dry G		
Change in Ownership X		ensate Froducing Inc.	1 c to Texaco
If change of ownership give name and address of previous owner.	Texaco Oils Inc., P	. O. Box 2100, Denver,	CO. 80201
II. DESCRIPTION OF WELL A	ND LEASE		
Lease Name	Well No. Pool Name, Including F		Lease No.
Dome Federal 14-	26-13 1  WAW Fruitla	and P.C. State, Federal or F	Fee Federal NM7787
Unit Letter P;	L190 Feet From The South Li	ine and 1190 Feet From The	East
Line of Section 14	Township 26N Range	13W , NMPM, San J	uan County
II. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GO	AS Address (Give address to which approved c	opy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas 7	Address (City and Address )	
El Paso Natural (		Address (Give address to which approved c	
EI Faso Natural (	Unit Sec. Twp. Pge.	P.O. Box 990, Farmi	ngton, NM 87401
If well produces oil or liquids, give location of tanks.	our joet two rige.	Yes	
If this production is commingled. V. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Compl	etion - (X)	New Well Workover Deepen Pla	ug Back   Same Restv.   Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.	B.T.D.
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	Top O!I/Gas Pay Tu	bing Depth
Perforations		De	pth Casing Shoe
			****
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V TEST DATA AND DECUES	FOR ALLOWARIE (T.		
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks		after recovery of total volume of load oil and mepth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure Ch	oke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble. Ga	•-MCF
Action Floor During 1001	0.1-23.4		
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gro	svity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Ch	oke Size
I. CERTIFICATE OF COMPLIA		OIL CONSERVATION JUN 26 19	
I hereby certify that the rules as Commission have been complied	nd regulations of the Oil Conservation	1	, , ,
	the best of my knowledge and belief.	BY	

SIGNED: A. A. KLUZA

(Signature)	
AREA SUPERINTENDENT	
(Title)	<u> </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 filled for each pool in multiply completed wells.

OIL COM, DIY, DIST. 3