

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104		
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110		
FILE		AND		Effective 1-1-65		
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE						
TRANSPORTER	OIL					
	GAS					
OPERATOR						
PRORATION OFFICE						
Operator						
TEXACO INC.						
Address						
P.O. Box EE, Cortez, CO. 81321						
Reason(s) for filing (Check proper box)			Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:	Previous transporter was Permian,			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	now it is Gary Energy Corp.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input checked="" type="checkbox"/>	

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.	
P.L. Davis	1E	Basin Dakota	State, Federal or Fee	Fed.	SF078937
Location					
Unit Letter	D	1190 Feet From The	North	Line and	1170 Feet From The
				West	
Line of Section	26	Township	26N	Range	11W
				NMPM,	San Juan
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Gary Energy Corp.			115 Inverness Dr., Englewood, CO. 80112		
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)		
El Paso Natural Gas Co.			P.O. Box 990, Farmington, NM 87499		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	D	26	26N	11W	Yes 5/21/80

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 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

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____	
		BY _____	
		TITLE _____	
(Signature)		SUPERVISOR DISTRICT #3	
AREA SUPERINTENDENT		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
10/10/86		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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.	