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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

1. TEXACO Inc.	
Address Box 810, Farmington, New Mexico 87401	
Reasons for filing (Check proper box)	Other (Please explain)
Ownership <input checked="" type="checkbox"/> X	Change in transportation <input type="checkbox"/>
Production <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Transportation <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name Government "E"	Well No. Pool Name, including formation 1 Basin Dakota
Kind of Lease State, Federal or Fee Federal	
Location	
Section E A 1122	Quarter North
Line 15	Range 28-N
County San Juan	Range 13-W

III. 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 Gas (Dry Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>)	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
E 15 28N 13W	No

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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-27-65	Date Comp. Ready to Prod. 4-17-65
Total Depth 6478	E.B.T.D. 6429
Pool Basin Dakota	Name of Producing Formation Dakota
Top Oil/Gas Pay 6322	Tubing Depth 6409
Perforations 6322' to 6334' and 6390' to 6417'	Depth Casing Shoe 6477
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
12-1/4"	8-5/8"
6-3/4"	*4-1/2"
	2-3/8"
DEPTH SET	
617'	6477'
6409'	6409'
SACKS CEMENT	
290	1088
*Cemented in three stages with DV tools at 4605' and 1946'.	

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 Well From Tanks	Time of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Casing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1559	3 hours	60	53°
Testing Method (pitot, back pr.)	Back Pressure	Casing Pressure	Choke Size
Back pressure	888	1810	3/4"

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.

(Signature)
District Superintendent

August 10, 1965

August 10, 1965

OIL CONSERVATION COMMISSION
AUG 11 1965
APPROVED
BY **Original Signed Emery C. Arnold**
Supervisor Dist. # 3
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 Sections I, II, III, and VI only 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.