NO. OF COPIES RECEIVED	5	
DISTRIBUTION		
SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	1	
TRANSPORTER GAS	1	
OPERATOR	1	
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-11
Effective 1-1-65

I.

Operator
TEXACO, Inc.

Address
P.O. Box 2100, Denver, Colo. 80201

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	X	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
H.J. Loe Federal "B"	2R	Basin Dakota		

Location
Unit Letter G : 1650 Feet From The North Line and 2210 Feet From The East Line

Line of Section 23 Township 29N Range 12W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Southern Union ~~Gas Co.~~ Gathering	Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	23	29N	12W	No	Upon approval

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-28-76	12-19-76	6358	6320
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5656 GL	Dakota	6174	6256
Perforations			**Depth Casing Shoe**
			6358

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	298	150
7-7/8"	5½"	6358	525
	2-3/8"		

V. 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**

RECEIVED
JAN 6 1977
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
655	3 Hr.	5	
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Orifice w/Back pr.	945	968	33/64

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.

Alvin R. Mary
(Signature)

Field Foreman
(Title)

January 3, 1977
(Date)

NMOCC(5) GLE-JHP-ARM

OIL CONSERVATION COMMISSION

APPROVED JAN 28 1977, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

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.