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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: TEXACO INC.

Address: P.O. Box EE, Cortez, CO. 81321

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☒

Other (Please explain): Previous transporter was Permian, now it is Gary Energy Corp.

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martin Fed Com	1E	Blanco Mesa Verde	State, Federal or Fee Fee	

Location: Unit Letter J ; 1450 Feet From The South Line and 2460 Feet From The East

Line of Section 13 Township 29N Range 11W , NMPM, San Juan County

I. 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): 115 Inverness Dr., Englewood, CO. 801

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ — Address (Give address to which approved copy of this form is to be sent): P.O. Box 990, Farmington, NM 87499

El Paso Natural Gas Co.

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	13	29N	11W	Yes	9/8/61

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

I. COMPLETION DATA

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

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

I. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able 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.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

OCT 20 1986
OIL CON. DIV.
DIST. 3

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

I. 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)

AREA SUPERINTENDENT
(Title)

10/10/86
(Date)

OIL CONSERVATION COMMISS

APPROVED

BY

TITLE

This form is to be filed in compliance with

If this is a request for allowable for a newly well, this form must be accompanied by a tabula tests taken on the well in accordance with RU

All sections of this form must be filled out able on new and recompleted wells.

Fill out only Sections I, II, III, and VI well name or number, or transporter, or other suc

Separate Forms C-104 must be filed for