		1	1		
٢	NO. OF COPIES RECEIPED				
	DISTRIBUTION	NEW MEXICO OIL CO	SERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	FILE		AND		
L	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL F	BEIVED.	
	LAND OFFICE		/N/ ⁽⁴⁾	GEIMP.	
-	TRANSPORTER OIL		U		
L				P	
Ļ	OPERATOR UM 1 4 1984			" 1 4 ₁₉₈₄ D	
ı.	PRORATION OFFICE			$O_{\Lambda_{I}}$	
١	TEXACO Inc.,		Ď	DIST. DIV	
-				3. 3	
	P. O. Box 2100,	Denver, Colorado 80	7201		
ŀ	Reason for filing (Check proper box)		Other (Please explain)		
	New Ws	Change in Transporter of:			
	Recompletion	OII Dry Gas			
1	Change in OPERATOR	Casinghead Gas Condens	ate		
L					
1	f change of ownership give name Do	ome Petroleum Corp.,	1625 Broadway, Dent	er, Colorado	
•	illu addiess of protocol 1				
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kihd of Lease	1 ease No.	
Ī	Lease Name	Well No. Poo. Name, Inc. caing For		_	
	SCHUMACHER	3 BASIN DAKO	TA State, Found	S. FEE	
	Location	/	73.	1,1===	
	Unit Letter <u>E</u> : 165	O Feet From The NORTH Line	and 170 Feet From T	he <u>WES</u> /	
			10 W , NMPM, SA	N JUAN County	
	Line of Section 18 Tow	nship 30N Range	TOW , MAINE, 377		
		ER OF OIL AND NATURAL GAS			
11.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)	
	Name of Francisco				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔀	Address (Give address to which approx	_ `	
	EL PASO NATURAL GA	DE COMPANY	P.O. Box 1492, FL	PASO, TX 79978	
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe		
	If well produces oil or liquids, give location of tanks.				
	f this production is commingled with that from any other lease or pool, give commingling order number:				
137	If this production is commingled wit COMPLETION DATA	n that from any other lease or poor,		1544.5	
1 ¥ .		Cii iicii	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completio	$n - (\lambda)$	1 I		
	Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RAB, RT, GR, etc.	Name of Producing Formation	Top C11/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
	TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TOBING SIZE			
		1			
		:			
		1			
	The AND DECLIFET FOR	OP ALLOWARIE (Test must be at	ter recovery of total volume of load oil	and must be equal to or exceed top allow-	
ν.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)		
	OII, WELL. Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, sas li	fi, etc.)	
			IU) ECGC		
	Length of Test	Tubing Pressure	Casing Project	Epold alt.	
			24		
	Actual Pres. During Test	Oii-Bbls.	Water-Bble. MAY 0 7198	4 Gadaff	
			OH CONT	<u> </u>	
	I	OIL CON. DIV.			
	GAS WELL		DIST. 3	Gravity of Condensate	
	, Actual Pros. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	1		1 453 15 453	Choke Sixe	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	(
	·			1	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
• •			MAY	07 1984	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY		
	TEXACO Inc. as Operator for Texaco Oils		Inc. SUPERVISOR DISTRICT # 3		
	TEXACO Inc. as Operator for Texaco Offs		1116		
			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 well, the form must be accompanied by a tabulation of the deviation.		
	Ah-R. man				
	(Signature)		well, this form must be accomp	ordence with RULE 111.	
	Field Surt.		tests taken on the well in acc	nust be filled out completely for allow-	
	(Tule		II	T - 11 - 1	
	·		Il apre ou new and	<u> </u>	
	·			LA LT FOR CHANGE DI OWNER,	
	3-9-84	ere;	Fill out only Sections I.	II. III. and VI for changes of owner, or other such change of condition.	
	3-9-84		Fill out only Sections I.	LA LT FOR CHANGE DI OWNER,	

