	HO. OF COPIES RECEIVED] .					
	DISTRIBUTION SANTA FE		CONSERVATION COMM	IISSION	Form C-104		
	FILE	KEQUEST FOR ALLOWABLE Supersedes Old Co					
	U.S.G.S.	AUTHORIZATION-TO-TRA		NATURAL G	AS		
	LAND OFFICE						
	IRANSPORTER GAS	RTER		1	•		
	OPERATOR 007 8 1 1986						
1.	Operator						
	TEXACO INC.			·		* •	
	P.O. Box EE, Cortez, CO. 81321					.[4]	
	Reason(s) for filing (Check proper box	Other (Please	1		* 1		
	New Well		1	sporter wa v Energy C			
	Recompletion Oil X Dry Gas Now it is Gary Energy Corp. Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name						
	and address of previous owner			1			
II.	DESCRIPTION OF WELL AND	LEASE				311	
	Jicarilla "B"	Well No. Pool Name, Including F		Kind of Lease State, Federal	Jicarilla ^{or Fee} Indian	Lease No.	
	Location		E		India	1 QOILC: #00	
	Unit Letter P ; 61	60 Feet From The SouthLir	ne and <u>660</u>	Feet From T	he <u>East</u>		
	Line of Section 32 To	5W , NMPM	. Rio Ar:	riba	County		
Line of Section 32 Township 25N Range 5W , NMPM, Rio Arriba					: #1		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Address (Give address t	o which approv	ed copy of this form	is to be sent)	
	Gary Energy Corp.		•	•	• • •	1	
	Name of Authorized Transporter of Car	Address (Give address)			1.11		
	Texaco Inc.	Unit Sec. Twp. Rge.	P.O. BOX EE,			- 64 - 55 - 2	
	give location of tanks.	B 32 25N 5W	Yes	<u> </u>			
13/	If this production is commingled with that from any other lease or pool, give commingling order number:						
14.	COMPLETION DATA	Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	i	P.B.T.D.	<u> </u>	
	Date spuaded	Date Compt. Reday to Prod.	Total Depth		F.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	: 1	
	Perforations				Depth Casing Shoe		
						.	
	HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECOR		\$ACKS C	FMENT	
	HOLL SIZE	CASING & FORING SIZE	52. 11132	• •	5,70,70		
						1	
			 				
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume		nd must be equal to	or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours Producing Method (Flow			The second	
			1111 25	517			
	Length of Test	Tubing Pressure	Casing Pressure)	T201986	ChokelSize		
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.		Gas-MCF		
			916 W	LUN. D Dist. 3	V. 1	. 11	
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condens	ut•	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	·in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	DE	OIL	ONSERVA	TION COMMISS	ION	
	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 Stank				
	above ta tide and complete to the	SUPERVISOR DIATRICT # 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					
	SIGNED A. R. MARX						
	(Signature)		well, this form must tests taken on the	be accompan	ied by a tabulation	of the deviation	
	AREA SUPERINTENDE		All sections of this form must be filled out completely for all			pletely for allow-	
	10/10/86		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.				
	(Date)				be filed for each		
		· · · · · · · · · · · · · · · · · · ·		completed wells.			
			•			•	