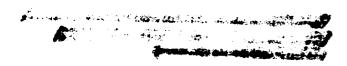
	WO. OF COPIES SEETIVES	1			
	SANTA FE		CONSERVATION COMMISSION	Form C-104	
	FILE .	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-13 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATING	ESCE VE TO	
	LAND OFFICE		110	5 1 10 -	
	TRANSPORTER OIL	4	<i>1</i>	140	
	OPERATOR GAS	4	O <sub>II</sub>	7414100	
,	PRORATION OFFICE	†	Jul (	1AR 1 4 1984	
1.	Operator D/cs · D/L				
	TEXACO Inc.,				
	P. O. Box 2100, Denver, Colorado 80201				
	Reason: Var filing (Check proper box)  Other (Please explain)				
	New W.	Change in Transporter of:			
	Recompletion	OII Dry Go	as [		
	Change in OPERATOR	Casinghead Gas Conder	nsate		
	If change of ownership give name	ome Detweleym Com	1625 Broadway Don	war Colorado	
	If change of ownership give name Dome Petroleum Corp., 1625 Broadway, Denver, Colorado and address of previous owner Dome Petroleum Corp., 1625 Broadway, Denver, Colorado				
11.	DESCRIPTION OF WELL AND	LEASE	50002	els	
	Lease Name	Well No. Pool Nagle, Including F	1726400	Lease No. 30-04 5-	
	SANTA FE 20	2 5 5	State, Federa	or Fee FEE 22531	
	Location	50 Feet From The NORTH Lin	10.90	117867	
	Unit Letter ; ZV	_ ,	ne and 1980 Feet From	The West	
	Line of Section 20 Tov	waship 21N Range	8W , NMPM, SAN	JUAN County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil				ued copy of this form is to be sent!	
	Name of Admontage Transporter of Or	S. Comacingate	Additional force and rest to affice appro-	ved copy of this form is to be semy	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)	
				<u>-                                      </u>	
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected? Wh	er.	
	give location of tanks.				
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
14.		Oil Well Gas Well	New Well Workover Deepen	Piug Back   Same Resty. Diff. Resty.	
	Designate Type of Completic	. <u>ii</u>		1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, Rhb. RT, GR, etc.	Name of Producing Formation	Top Cti/Gas Pay	Tubing Depth	
		-			
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11022 3.22				
				·	
		:		<u> </u>	
		<u> </u>		<del></del>	
V.	TEST DATA AND REQUEST FO	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)			
	Date First New Cil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fs, esc.)	
	Length of Test	Tubing Pressure	Costing Presente	Choke Size	
	Actual Pred. During Toot	CiBbls.	Water - Bbie,	Qas-MCF	
			6. V 0 2102		
				7	
	GAS WELL Actual Prod. Test-MCF 7.		TRUE CONTRACTOR AND	Gravity of Condensate	
	Actual Proof ( Peter Mercus	Length of Test	Bbls. Condepende/MMCF	Gravity of Community	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	f 1				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERY	TION COMMISSION	
			MAY 07 1984		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED . 19		
	above is true and complete to the best of my knowledge and belief.		BY		
	TEXACO Inc. as Operator for Texaco Oils		Inc. SUPERVISOR DISTRICT #4		
			This form is to be filed in compliance with RULE 1104.		
	Whe R. Mary  [Signature)  Field Supt.		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 allow-		
			sble on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner.		
	3-9-841		well name or number, or transporter, or other such change of condition.		

rests Forms C-104 must be filed for each pool in multiply



A Section of Management