

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO INC.	Well API No.
Address P.O. Box EE, Cortez, CO 81321 303-565-8401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE

Lease Name C.W. Roberts	Well No. 3	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF 79600
Location Unit Letter 0 : 1190 Feet From The South Line and 1450 Feet From The East Line Section 18 Township 25N Range 3W , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Time of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix Az 85068					
Time of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1 Paso Nat. Gas Purchaser/Texaco Transporter P.O. Box 990, Farmington, NM 87401					
Well produces oil or liquids, or location of tanks.	Unit J	Sec. 18	Twp. 25N	Rge. 3W	Is gas actually connected? Yes	When?

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

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				X
Date Spudded 1-58	Date Compl. Ready to Prod. 7-58 8-3-89		Total Depth 8180'		P.B.T.D. 3696'-Packer set below			
Measurements (DF, RKB, RT, GR, etc.) 7151 DF	Name of Producing Formation Pictures Cliffs		Top Oil/Gas Pay 3618		Tubing Depth N/A			
Measurements 3618'-3640'					Depth Casing Shoe 8178			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE N/A	CASING & TUBING SIZE 13-3/8	DEPTH SET 310	SACKS CEMENT 350
8-3/4	5-1/2	8178 8/80	450
	2 3/8	5791	

TEST DATA AND REQUEST FOR ALLOWABLE

NEW WELL (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 Oil Run To Tank	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

OLD WELL

Actual Prod. Test - MCF/D 949	Length of Test 3 hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) Well prod. up annulus	Casing Pressure (Shut-in) 768 psig	Choke Size 3/4"

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature A.A. Kleier	Title Area Manager
Printed Name A.A. Kleier	303-565-8401
Date September 12, 1989	Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 29 1989**

By **Supervisor District # 3**

Title **SUPERVISOR DISTRICT # 3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.