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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Texaco Inc., Operator for Texaco Producing Inc. (TPI)  
Address  
4601 DTC Blvd., Denver, CO 80237  
Reason for Filing (Check proper box)  
New ☐ Recompleted ☐ Change in Ownership ☐  
Change in Transporter of:  
Oil ☐ Gas ☐ Change in Transporter of:  
Oil ☐ Dry Gas ☐ Gashead Gas ☐ Condensate ☐  
Other (Please explain)  
Change of Operator from Getty Oil Company to Texaco Inc. (Operator for TPI)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Roberts, C.W.	Well No. 7	Pool Name, Including Formation Blanco Mesa Verda	Kind of Lease State, Federal or Fee Fed.	Lease No. 079600
Location Unit Letter: J 1650 Feet From The South Line and 1650 Feet From The East Line of Section 17 Township 25N Range 3W, N.M.P.M., Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Denver, CO 80201	
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks. Unit: J 18 25N 3W	Is gas actually transported? Yes	When 8-25-83

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen.	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Comp. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation	Top of Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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)

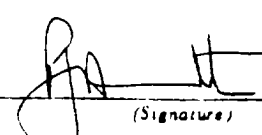
Time First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

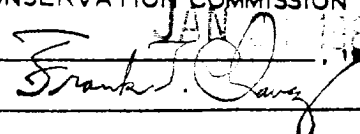
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Surge, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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)  
District Manager/Farmington  
(Title)  
1/28/85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED   
BY  
TITLE SUPERVISOR, DISTRICT 36

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.