

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

I. Operator TEXACO Inc.	
Address P. O. Box EE, Cortez, CO 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Pool Change from Basin Dakota R-8585
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "C"	Well No. 26E	Pool Name, including Formation Lindrith Gallup/Dakota West	Kind of Lease State, Federal or Fee Indian	Lease No. Cont. #34
Location Unit Letter <u>L</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Grand Petroleum</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>28</u>	Twp. <u>25N</u>	Rge. <u>5W</u>	Is gas actually connected? <u>No</u>	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Alan A. Kleier
(Signature)

Area Manager

(Title)

May 13, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

TITLE _____

SUPERVISOR DISTRICT # _____

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.