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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS 1
OPERATOR	
PRORATION 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

B.K.

I. Operator:
TEXACO INC. Prod. Dept. Rocky Mtns. U. S. (26-510)
Address:
P. O. Box EE, Cortez, Colorado 81321
Reason(s) for filing (check proper box):
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Navajo Tribe "BS"	4	Tocito Dome Pennsylvanian	State, Federal or Fee Federal	N00-C-19 20-5431
Location: Unit Letter E 1980 Feet From The North Line and 510 Feet From The West Line of Section 23 Township 26N Range 18W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Four Corners Pipeline Co.	P.O. Box 1588, Farmington, N.M. 87401					
Giant Refinery Refining Inc.	P.O. Box 256, Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO INC.	P.O. Box EE, Cortez, Colo. 81321					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range.	Is gas actually connected?	When
	M	27	26N	18W	Yes	1975

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded: 12-21-74	Date Compl. Ready to Prod. 1-27-75		Total Depth 6575'		P.B.T.D. 6542'			
Elevation (Lb., RKB, RT, GR, etc.) 6523'KB	Name of Producing Formation Barker Creek		Top Oil/Gas Pay 6381'		Tubing Depth 6523'			
Perforations 6381-6421'					Depth Casing Shoe 6575'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13-3/8	82'	100
12 1/4	9-5/8	1579'	700
8-3/4	7	6575'	300
-	2-7/8	-	-

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)

Date First New Oil Run To Tanks 1-28-75	Date of Test 1-31-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 275	Casing Pressure 275	Choke Size --
Actual Prod. During Test 603	Oil-Bbls. 603	Water-Bbls. 22	Gas-MCF 841

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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.

Field Foreman

January 31, 1975

OIL CONSERVATION COMMISSION

FEB 3 1974

APPROVED

BY Original Signed by Emery C. Arnold

TITLE

SUPERVISOR DIST. #5

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.