٢	NO. OF COPIES MEEENTSD }		/	•	
ŀ	DISTRIBUTION		<u> </u>		
ŀ	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE	REQUEST	AND		
	U.S.G.S	AUTHODIZATION TO TRAI	NSPORT OIL AND NATURAL DE	SECEIVE 1-1-65 MAD.	
}	LAND OFFICE	AUTHORIZATION TO TRAI	NOTOR TOTAL AND NATURALLY	6 5 1 10 -	
}	OIL		• •	MAR 1 4 1984	
	TRANSPORTER GAS			MAR	
1	OPERATOR		Ou	14/984	
	PROBATION OFFICE	-	υį	COA. **°4	
1.	Operator			Dia V. Dia	
	TEXACO Inc.,			CON DIST. 3 DIV.	
	P. O. Box 2100, Denver, Colorado 80201				
	Reason () for filing (Check proper box)		Other (Please explain)		
	New We	Change in Transporter of:			
		Oil Dry Gas			
	Change in OPERATOR	Casinghead Gas Condens			
	Change in UPERATOR	Casingheda Gas Condens	₹ ·		
	If change of ownership give name -	Datasalasan Gama		ver Colorado	
	and address of previous owner	ome Petroleum Corp.,	1023 Bloadway, Denv	er, colorado	
	ECODIDATION OF WELL AND LEASE				
$\lambda = \lambda + $				Lease No.	
				1 0 1U 3()	
	Dome Variato 19-96	-13 1 Williams	PIGORED CLIFE	3. 31 KWYO 1 7475	
	Location	_		1 2001	
	Unit Letter <u>M</u> : 790	Feet From The SOUTH Line	and 790 Feet From T	he WRST	
		_		·×· ^	
	Line of Section 12 Tow	mship 200 Range 13	W , NMPM, 5an J	County	
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Or Condensate Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Oil	or Condensate	Aadress (Give address to which approve 	ea copy of this form is to be sent)	
	i 				
	Name of Authorized Transporter of Cas	inghead Gas 📄 💮 or Dry Gas 🔀	Address (Give address to which approve	ed topy of this form is to be sent)	
	EI FORD MAHDRAI (SC	16	Pn. Box 990, FAR	401-104-101 B7401	
	Unit Sec. Twp. Fige. Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks. M 12 2100 13W. 5-4-81				
	<u> </u>	this production is commingled with that from any other lease or pool, give commingling order number:			
	If this production is commingled wit	h that from any other lease or pool,	give comminging order number.		
1¥.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X)	1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spaces				
	Elevations (DF, RK6, RT, GR, etc.)	Name of Froducing Formation	Top Cil/Gas Pay	Tubing Depth	
	Lievations (Dr., 1003, N.), GR, etc.				
	T-stardion.		<u> </u>	Depth Casing Shoe	
	Ferfordlions				
	TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TOBING SIZE	32.132.		
			1		
,	I—————————————————————————————————————			ļ	
		<u> </u>			
V. 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 able for this depth or be for full 24 hours)				and must be equal to or exceed top attour-	
	OIL WELL	Bote for this be	Producing Method (Flow, pump, gas life	t. etc.)	
	Date Fire: New Off Run To Tanks	Date of Test			
			Cosing Pressure 12 Co.	Chore Size	
	Length of Test	Tubing Pressure	Coming Pressure 12 12 12 12 12 12		
			UL	Gasylet	
	Actual Prod. During Test	CH-BEI.	Water-Bbie. MAY 0 719	8 4	
		<u> </u>	_	<u> </u>	
			OIL CON		
	GAS WELL				
	As usi Pres Test-MCF/T	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Training Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
	ı				
1/2	CERTIFICATE OF COMPLIANO	CF	OIL CONSERVA	TION COMMISSION	
¥1.	I hereby certify that the rules and regulations of the Oil Conservation		MAYO		
			APPROVED WIAT 19		
			1 Trank).	Java /	
	above is true and complete to the	s true and complete to the best of my knowledge and belief.		BY	
			Inc. SUPERVISOR	DISTRICT # 3	
	15,0.00 2,00 00 000 000 000 000 000 000 000 0				
	$\Omega_{\mathcal{A}}$		This form is to be filed in c	compliance with RULE 1104.	
/	thank mary		to allow	while for a newly drilled or deepened	
L	(Signalwe)		well, this form must be accompanied by a tabliation of the control 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.		
	Field Supt.				
	3-9-84 (Cone				
	<i></i>		Separate Forms C-104 must	t be filed for each pool in multiply	
			مراهب المراه		

