

NO. OF COPIES RECEIVED		
DISTRIBUTION		
ANTA FE		
ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
PERATOR		
ORATION 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

TEXACO INC.	
P.O. Box EE, Cortez, CO. 81321	
Person(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain) Previous transporter was Permian, now it is Gary Energy Corp.	

Range of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE				
Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico Com N	1	Basin Dakota	State, Federal or Fee State	E3149
Unit Letter <u>E</u> ; <u>1850'</u> Feet From The <u>N</u> Line and <u>790'</u> Feet From The <u>W</u>				
Line of Section <u>36</u> Township <u>30N</u> Range <u>12W</u> , NMPM, San Juan County				

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Gary Energy Corp.		115 Inverness Dr., Englewood, CO. 80112		
Name 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)		
El Paso Natural Gas Co.		P. O. Box 1492, El Paso, Tx. 79978		
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.
	E	36	30N	12W
Is gas actually connected?		When		
yes		10/7/66		

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

COMPLETION DATA									
Designate Type of Completion - (X)									
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
ations			Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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)			
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Gas Lift
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

S WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED _____	
BY _____		BY _____	
TITLE _____		TITLE _____	
SIGNED A. R. MARX		This form is to be filed in compliance with RULE 1104.	
(Signature)		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.	
AREA SUPERINTENDENT		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Title)			