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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
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-111
 Effective 1-1-65

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MAR 14 1984

Operator **TEXACO Inc.,** OIL CON. DIV.
 Address **P. O. Box 2100, Denver, Colorado 80201** DIST. 3

Reasons for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in OPERATOR

If change of ownership give name and address of previous owner **Dome Petroleum Corp., 1625 Broadway, Denver, Colorado**

I. DESCRIPTION OF WELL AND LEASE

Lease Name **Peggy Federal** Well No. **1-J** Pool Name, including Formation **So. BIANCO, PC** Kind of Lease **FEDERAL** Lease No. **NM024735**
 Location **Unit Letter B : 1090 Feet From The NORTH Line and 1850 Feet From The EAST**
 Line of Section **8** Township **23N** Range **1N**, NMPM, **RIO ARriba** County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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 Casinghead Gas or Dry Gas 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, Texas 79978**
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
~~NO~~ **4/15** **5/12/84**

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

V. COMPLETION DATA

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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	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/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.

TEXACO Inc. as Operator for Texaco Oils

Alvin R. Moore
 Field Supt. (Signature)
 (Title)
 3-9-84 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 07 1984, 19
 BY Frank J. [Signature]
 Inc. SUPERVISOR DISTRICT 3
 TITLE

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.