		1			
. [HO. OF COPIES MECENTES	/			
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C -104	
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	SE S	
	LAND OFFICE		Įñ.	PECEIVED	
	TRANSPORTER GAS		. 41		
	OPERATOR			MAR	
1.	PRORATION OFFICE		O	1 4 1984 W	
	TEXACO Inc.,		•	CON	
	Address			DIST DIV	
	P. O. Box 2100,	Denver, Colorado 8	0201	. 3	
	Reason for filing (Check proper box)		Other (Please explain)		
	New W.	Change in Transporter of:		The state of the s	
	Recompletion	OII Dry Gas			
	Change in OPERATOR	Casinghead Gas Conden	sate		
	If change of ownership give name Do	me Petroleum Corn	1625 Broadway Dei	over. Colorado	
	If change of ownership give name Dome Petroleum Corp., 1625 Broadway, Denver, Colorado and address of previous owner Dome Petroleum Corp., 1625 Broadway, Denver, Colorado				
II.	I. DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including Fo		hia 2 111	
	Dome Narajo 20-22-7	1 Rosty Chacka	State, Feder	ral or Fee A110TLES 20 - 5595	
	Location	۲ -	N an	17	
	Unit Letter H : 440	Feet From The EasT Lin	e and 1000 Feet From	The NORTH	
	Line of Section 20 Town	ship 22N Range	Tw NMPM, Sandor	A) County	
Ш.	DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Conder.sate	Address (Give address to which appr	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Casti	nghead Gas or Dry Gas 🔀	Address (Give address to which appr	oved copy of this form is to be sent)	
	TEXACO OILS INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	DENVER, CO. 80237	
		Unit Sec. Twp. P.ge.		her.	
	give location of tanks.	1 1	1 90 :		
	If this production is commingled with	that from any other lease or pool,	give commingling order number:		
IV.	V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff.				
	Designate Type of Completion		1 1		
		Date Compi. Ready to Frod.	Total Depth	P.B.T.D.	
	I-9-79 Elevations (DF, Rh.b. RT, GR, etc.)	7-25-79	3700	1525	
		Name of Freducing Formation	Top CII/Gas Pay	Tubing Depth	
	6711 GL	ChACRA	1487	Depth Casing Shoe	
	1487- 1520				
	1707 7.300	TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8	95	80	
	7 7/8"	4 12	1753	300	
		\sim \sim 78	1373		
٠,	TUST DATA AND REQUEST FO	R ALLOWABLE. (Test must be a	feer recovery of total volume of load o	il and must be equal to or exceed top allow.	
١.	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 a able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	r in	
		Tubing Pressure	Casing Saule G E W	Capte Size	
	Length of Test			שו	
	Actual Prod. During Test	Cii-Bbis.	Water - Bble. MAY 0 7 1984	Gae-MCF	
			All CONT D		
GAS WELL DIST 3		/1 V • }			
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	158	3 4		-	
	Testing Method 'pitut, back pr.,	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size 3/g //	
	1		320		
٧ī.	CERTIFICATE OF COMPLIANC	E	OIL CONSER!	ATION COMMISSION	
	#		APPROVED MAY 07/1984 . 19		
	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			J. Java	
			BY		
			Inc. SUPERV	ISOR DISTRICT 長日	
				n compliance with RULE 1104.	
	(Chan R. Mary		If all the second tot all	owable for a newly drilled or deepened	
	(Signa	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	3-9-84		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.		
	/ (Dat		Separate Forms C-104 m	Separate Forms C-104 must be filed for each pool in multiply	
	NMOCC (3) JUST COP ARM		ffntered wells.		