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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-11
Effective 1-1-65

Operator		Texaco Inc., Operator for Texaco Producing Inc. (TPI)	
Address		4601 DTC Blvd., Denver, CO 80237	
Reason for filing (Check proper box)		Other (Please explain)	
New well	<input type="checkbox"/>	Change of Operator from Getty Oil Company to Texaco Inc. (Operator for TPI)	
Recompletion	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>		
Change in Transporter of:			
Oil		<input type="checkbox"/>	
Casinghead Gas		<input type="checkbox"/>	
Dry Gas		<input type="checkbox"/>	
Condensate		<input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Jicarilla C	Well No.	8	Pool Name, including Formation	So Blanco PC	Kind of Lease	State, Federal or Fee	Ind.	Lease No.	Contr. 3
Location										
Unit Letter	E	1450	Feet From The	North	Line and	1190	Feet From The	West		
Line of Section	27	Township	25N	Range	5W	NMFM,	RIO ARRIBA	County		

III. DESIGNATION 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)	
Permian Corporation				P.O. Box 1528, Denver, CO 80201	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Nat. Gas				P.O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected? When
	E	27	25N	5W	Yes

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RI, 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			

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 Well 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 (flow, 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.

District Manager/Farmington

1/28/85

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #3

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.

