		1								
	NO. OF COPIES RECEIVED									
	DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION							
	SANTA FE	REQUEST	REQUEST FOR ALLOWABLE							
	U.\$.G.\$.		REQUEST FOR ALLOWABLE Supersedes Old C-104 a Ellective 1-1-65							
	LAND OFFICE	AUTHORIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER GAS									
1.	CPERATOR PROBATION OFFICE		í							
	Contract Town Contract Contrac									
	Texaco Inc., Operator for Texaco Producing Inc. (TPI)									
			0237							
	Reason for filing (Check proper bo	Change in Transporter of:	Other (Please explain) Change of One	rator from Getty Oil						
	Recompletion	Oil Dry G		xaco Inc. (Operator						
	Change in Ownership Casinghead Gas Condensate Condensate for TPI)									
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND LEASE. Lease Name Well No. Pool Name, Including Formation (DIJAL) Kind of Lease Lease No.									
	Jicarilla C	· 1 ·	a/so Blanco PD State, Federa	· =						
	Unit Letter D: 1190 Feet From The North Line and - 1190 Feet From The West									
	Line of Section 28 Township 25N Hange 5W , NMFM, Rio Arriba . County									
m.	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)									
	Permian Corporation P.O. Box 1528 Denver, Colorado Name of Authorized Transporter of Casinghead Gas or Dry Gas X: Address (fite address to which approved copy of this form is to be									
	El Paso Nat. Gas	ن المنافعة	P.O. Box 990, Farmington, NM 87499							
	If well produces oil or liquids, Unit Sec. Twp. Age. Is gas octually connected? When give location of tanks. D 28 25N 5W Yes									
	If this production is commingled with that from any other lease or pool, give commingling order number:									
IV.	COMPLETION DATA	COMPLETION DATA								
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.						
	Cate Spudded	Date Compl. Ready to Prod.	Total Lepth	P.B.T.D.						
	Elevations (DF, RKB, 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						
				i						
V.	TEST DATA AND REQUEST F			and must be equal to or exceed top allow-						
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, etc.)						
	Length of Teet	Tubing Pressure	Casing Pressure	Chake Size						
	Actual Prod. During Test	Cii-Bbis.	Water - Bbis.	Gas-MCF						
,	Assual Pros. 3 est - NICE/D	Length of Test	[D) - C							
	Alisa Piod. (Williams Pyo		Bbis. Condensate/MMCF	Gravity of Condensate						
	Testing Method (pitot, back pri)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
V1.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION						
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVED	IAN 1 1985						
			8-7-1	1005						
	above is true and complete to the	best of my knowledge and belief.	BY Stank.	- Jan 2/						
	^	,	TITLE	SUPERVISOR WISTEICT # 3						
	()	*		-						

Manager/Farmington

District

ONSERVATION COMMISSION FOR ALLOWABLE AND

P.O.Box 990	, Farm	ington,	NM	87	499					
Is gas actually connected	? Wh	rn.								
Yes	1									
give commingling order n	umber:									
series of activities										
New Well Workever	Deepen	Plug Back	Same I	les'v.	Diff.	Restv.				
		İ	i	,						
Total Lepth		P.B.T.D.	·							
Top Oil. Gas Pay	Tubing Depth									
	Depth Casing Shos									
		,								
CEMENTING DECORD		<u> </u>								
CEMENTING RECORD		T								
DEPTH SET		SA	CKSC	EMEN	т					
	······································	 								
		 								
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 									
		ii								
er recovery of total volume th or be for full 24 hours)	of load oil o	ind must be eq	ual to d	r exce	ed top	sllow-				
Producing Method (Flow, p	ump, gas lif	t, etc.)								
						[
Casing Pressure		Choke Size								
	9 4					- 1				
Water - Bbls.		Gds-MCF								
						l				
		4								
Bbis. Condensate/MMCF		Gravity of C	ondenso	t•						
		}				- 1				
Casing Pressure (Shut-11	1)	Choke Size								
						l				
OIL CO	NSERVA	TION COM	MISSI	ON						
V V	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
APPROVED		141/3	1 19	85.						
>		1(27		,						
BY	Jank.		2/ -							
TITLE		SUPERVISOR	GISTE!	CT #	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 allow-										
All sections of th	ll in accord la form mus	ience with R it be filled o				allow-				
All sections of the	il in according for the second in the second	ience with R it be filled o lie. - III and VI	ut comp	pletelj	for a	wn of.				
All sections of the able on new and reconfil out only Secure well name or number, o	il in according for the form must be supplied we still the supplied to the sup	iance with R it be filled o lia. III, and VI er, or other ac	or chich cha	oletely ange of	of c	wn er, lition.				
All sections of the	il in according for the form must be supplied we still the supplied to the sup	iance with R it be filled o lia. III, and VI er, or other ac	or chich cha	oletely ange of	of c	wn er, lition.				

