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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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)

New well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	Change of Operator from Getty Oil Company to Texaco Inc. (Operator for TPI)
Change in Ownership	☐	Gashead Gas	☐	
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name and address of previous owner _____

B. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Roberts, C. W.	2	So. Blanco PC	State, Federal or Fee SF	079600
Location				
Unit Letter: L	1650	Feet From The South Line and	990	Feet From The West
Line of Section	18	Township	25N	Range
			3W	NMFM, Rio Arriba County

III. 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 80201				
Name of Authorized Transporter of Gashead 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 990 Farmington, NM 87499				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas naturally compressed? When
	L	18	25N	3W	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 Heat	Diff. Heat
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O.D.					
Elevations (DE, RAB, RI, GR, etc.)	Name of Producing Formation	Top of 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)

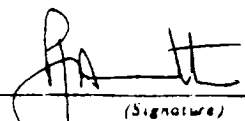
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

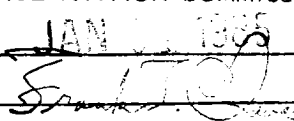
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate-MMCF	Gravity of Condensate
Testing Method (flow, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


(Signature)
District Manager/Farmington
(Title)
1/28/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED  1985
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.