NO. OF COPIES REC	EIVED	i	
DISTRIBUTE	ON		<u> </u>
SANTA FE			
FILE	1	_	
U.S.G.S.	1		
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR			

DISTRIBUTE	ON	1 :	! [	A4
SANTA FE				NEW MEXICO OIL CONSERVATION COMMISSION
FILE				REQUEST FOR ALLOWABLE AND
U.S.G.S.			AUTHORIZATION TO TRANSPORT OIL AND NATU	
			NOTITION TO TRANSPORT OIL AND NATURAL	
TRANSPORTER	OIL			
	GAS			

	FILE	REQUEST	Supersedes Old C-104 and C-11						
	U.S.G.S.		Effective 1-1-65						
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS					
	TRANSPORTER OIL								
	GAS								
	OPERATOR								
ı.	PRORATION OFFICE								
	Operator TNG								
	TEXACO INC.								
		Denver, CO. 80201	: -	/					
	Reason(s) for filing (Check proper bo	benver, co. 80201	Total (a)	<u></u>					
	New Well	Change in Transporter of:	Other (Please explain) This reports	change of ownership					
	Recompletion	Oil Dry G	from Texaco	Inc Texaco					
	Change in Ownership X	Casinghead Gas Conde	ensate Producing Inc	Texaco					
	If change of ownership give name								
	and address of previous owner	Texaco Oils Inc., P	. O. Box 2100, Denve	er, CO, 80201					
11.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F							
				Ladea 140.					
	Hall Federal	6   Tapacito P	ictured Cliff Glate, Feder	olorFoo Federal					
	T 17	5.0	0.00						
	Unit Letter $I: 17!$	50 Feet From The <u>South</u> Li	ne and 990 Feet From	The <u>East</u>					
	Line of Section 15 To	ownship 25N Range	3W . NMPM. Rio 2	Arriba -					
		· · · · · · · · · · · · · · · · · · ·	3W , NMPM, Rio A	Arriba County					
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	4S						
	Name of Authorized Transporter of Oi	1 or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)					
			!	·					
	Name of Authorized Transporter of Co		Address (Give address to which appro	oved copy of this form is to be sent)					
	El Paso Natural Ga	as Co.	P.O. Box 990. Farm	nington NM 97401					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	P.O. Box 990, Fari	nen					
	give location of tanks.	<u> </u>	Yes						
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:						
IV.	COMPLETION DATA	Oil Well Gas Well	Chan Watt West						
	Designate Type of Completi	on = (X)	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
- [	•	, , , , , , , , , , , , , , , , , , , ,	Total Bopin	F.8.1.D.					
ı	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Ì	Perforations			Depth Casing Shoe					
	···								
-	TUBING, CASING, AND CEMENTING RECORD								
ļ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
ļ									
-									
-  -									
L			<u>i</u>	i .					
	TEST DATA AND REQUEST F		fter recovery of total volume of load oil	and must be equal to or exceed top allow-					
ī	OIL WELL  Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours)						
	Date First New Oil Run 16 14ngs	Date of lest	Producing Method (Flow, pump, gas li	ft, etc.); /					
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	2-114.11 01 1 001	Tabling Freezewa	Casing Freeza	Choze size					
ŀ	Actual Prod, During Test	Oil-Bbis.	Water - Bble.	Gas-MCF					
ı	•								
١.	<del></del>	<u></u>	<u> </u>						
	GAS WELL								
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Í									
ſ	Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
Ĺ									
'I. (	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION					
			APPROVED JUN 26 1987 19						
		egulations of the Oil Conservation	APPROVED 00% 6 1301 , 19						
		with and that the information given best of my knowledge and belief.	nu	-1 /					
•	TEXACO INC. As O	• •	BY	- Daniel					
	TEXACO PRODUCING	the the	TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despened 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.						
	SIGNED: A. A. KLE	1.594							
_	(Signa	iture)							
_	AREA SUPERINTENDE								
	(Tu	le)							
_	6/19/87		Fill out only Sections I, II	, III, and VI for changes of owner,					
	(Da	(e)	well name or number, or transport	er, or other such change of condition.					

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.