| | DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR | REQUEST FO | NSERVATION COMMISSION OR ALLOWABLE AND SPORT OIL, AND NATURAL GA | Form C-104 Supersedes Old C-104 and C-110 I finative 1-1-65 | |
|-----------|---|---|--|--|--|
| | PRORATION OFFICE Operator TEXACO INC. Address P. O. Box EE, Cortez, CO. 81321 | | | | |
| | Reason(s) for filing (Check proper bax) New Well Change in Transporter of: Previous transporter was Gary Recompletion OII Dry Gas Energy Corp., now it is Giant Change in Ownership Give name and address of previous owner | | | | |
| | DESCRIPTION OF WELL AND L. Lease Name | EASE Well No., Fool Name, Including For | | Lease No. | |
| | Farming "E" | 1E Basin Dako | , | E-1207 | |
| | |) O Feet From The S Line | cw Pio A | rriba | |
| | | nshlp 24N Range | , Table 164 | County | |
| 111. [| Sesignation of transporter of Oil and Natural Gas Name of Authorized Transporter of Oil or Condensate Andreas (Give address to which approved copy of this form is to be sent) Giant Industries Inc. P. O. Box 9156, Phoenix, A7, 85068 Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) | | | | |
| | ElPaso Natural Gas | Co. | P. O. Box 990, Farm | ington, NM 87401 | |
| | If well produces oil or liquids, give location of tanks. | I 2 24N 6W | yes | 5/12/81 | |
| | f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Daepen Flug Back Same Resty. Diff. Resty. Designate Type of Completion = (X) | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | Elevations (DF, RKB, R1, GR, etc.) | Name of Froducing Formation | Top Oll/Gas Fay | Tubing Depth | |
| | Perforations | | | Depth Casing Shoe | |
| | TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT | | | SACKS CEMENT | |
| | HOLE SIZE | CASING & TUBING SIZE | 02.11130 | | |
| | | | | | |
| 1 | TEST DATA AND REQUEST FO | OR ALLOWARIE. (Test must be af | ter recovery of total volume of load oil a | nd must be equal to or exceed top allow- | |
| ٧. | Out until | | pth or be for full 24 hours) Producing Method (Flow, pump, gas life | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size 178301987 | |
| | Actual Prod. During Test | OII - Bbls. | Water-Bbls. | Gan-MCF | |
| | CAS UELL | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Chake Size | |
| VI. | CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation | | OIL CONSERVATION COMMISSION APPROVED 1937 | | |
| | Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | вү | BHPPRV190R | |
| | n · · · · · · · · · · · · · · · · · · · | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | |
| | AREA SUPER | (Signature) AREA SUPERINTENDENT (Title) | | well, this form must be accompanied by tests taken on the well in accordance with MULE 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