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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-110
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)	Change in Transporter of:	Other (Please explain)
New well <input type="checkbox"/>	Oil <input type="checkbox"/>	Change of Operator from Getty Oil
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Company to Texaco Inc. (Operator
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	for TPI)
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla B	Well No. 26E	Pool Name, including Formation Permian <i>Permian</i>	Kind of Lease State, Federal or Fee Ind.	Lease No. Contr. 68
Location Unit Letter: J : 1600 Feet From The South Line and 1850 Feet From The East				
Line of Section: 31 Township: 25N Range: 5W, NMFM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 checked="" type="checkbox"/> or Dry Gas <input 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 I	Sec. 31
	Twp. 25N	Rge. 5W
	Is gas actually connected?	When
	Yes <input checked="" type="checkbox"/>	7-15-83

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 Resrv.	Diff. Resrv.
Date Spudded	Date Comp. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RAB, 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)

Time 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/MCF	Gravity of Condensate
Producing Method (pilot, 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.

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

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* JAN 21 1985
BY *[Signature]*
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 allow-
able 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.

