ſ	NO. OF COPIES RECEIVED			
Ī	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
ı	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
Ì	FILE	NEGOES!	AND	Ellective 1-1-65
	U.S.G.5.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	.s
- 1	LAND OFFICE	ASTRONIES TO THE		/
Ì	TRANSPORTER OIL			
- 1	GAS			
1	OPERATOR			
1.	PRORATION OFFICE			
[Operator			
l	TEXACO INC.			
1	Address			
ļ		Denver, CO. 80201	104 701	
Ì	Reason(s) for filing (Check proper box)		Other (Please explain) This control of	hange of ownership
	New Well	Change in Transporter of:	The farm management	to Texaco
	Recompletion	OII Dry Ga		to Texaco
	Change in Ownership X	Casinghead Gas Conden	isate Facility The.	
	If change of ownership give name and address of previous owner	Texaco Oils Inc., P.	O. Box 2100, Denver	, CO. 80201
11.	DESCRIPTION OF WELL AND I	LEASE		
ì	Lease Name	Well No. Pool Name, Including F		Lease No.
ļ	Nickson	3 Ballard Pic	ctured Cliff State, Federal o	Fee Federal SD07843
	Location		3.05.0	r. 7 1
	Unit Letter F ; 18	50 Feet From The North Lin	e and 1850 Feet From Th	• West
	2.5	261	ON Can In	122
	Line of Section 35 Tow	vnship 26N Range	8W , ммрм, San Ju	lan County
			5	
П.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approve	d copy of this form is to be sent)
	Raine of Admost 2ed 113hapones of on			,
	Name of Authorized Transporter of Cas	or Dry Gas X	Address (Give address to which approve	d copy of this form is to be sent)
			<u> </u>	
	Gas Company of New	Mexico	P.O. Box 1899, Bloc	omileid, NM 8/413
	If well produces oil or liquids, give location of tanks.	Out Sec. 1 wh. 1.44.	is gas actually commented	
		<u> </u>	<u>.l</u>	
		th that from any other lease or pool,	give commingling order number:	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.
	COMPLETION DATA Designate Type of Completic	on - (X) Gas Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	COMPLETION DATA	Oil Well Gas Well		
	Designate Type of Completic	on - (X) Gas Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	
	COMPLETION DATA Designate Type of Completic	on - (X) Gas Well Gas Well	New Well Workover Deepen Total Depth	P.B.T.D.
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on - (X) Gas Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
	Designate Type of Completic	on - (X) Gas Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
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	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
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BIGNED: A

AREA SUPERINTENDENT

6/19/87

(Signature)

(Date)

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.

Lease No. SD078431

All sections of this form must be filled out completely for sllow-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