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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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
Effective 1-1-65

Operator

TEXACO INC. Producing Dept. U.S.

Address

P.O. Box EE, Cortez, CO. 81321

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			
Recompletion	☐	Oil	X	Dry Gas	☐
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐

Other (Please explain)

Previous transporter was Four Corners Pipeline/Giant Refining.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Navajo Tribe	AL 2	Tocito Dome Penn"D"	State, Federal or Fee Federal	14-20-06 3 8104

Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East

Section 28 Township 26N Range 18W NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate

Address (Give address to which approved copy of this form is to be sent)

Permian Corp. Box 1183, Houston, TX. 77251

Name of Authorized Transporter of Casinghead Gas X or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Texaco Inc. P.O. Box EE, Cortez, CO.81321

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	27	26N	18W	Yes	1964

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-137 Amended

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	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.

Elevations (DF, RKB, RT, 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

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

FIELD SUPERINTENDENT

(Title)

1/29/85

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1985, 19

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.