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LAND OFFICE	
TRANSPORTER	OIL 2 GAS 1
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 C-110
Effective 1-1-65

B.K.

I. Operator
TEXACO, Inc.
Address:
P.O. Box EE Cortez, Colorado 81321
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	"D"	Kind of Lease	No.				
Navajo Tribe "BS"	2	Tocito Dome Pennsylvanian		State, Federal or Fee Federal	19				
Location					20-5431				
Unit Letter	M	660	Feet From The	South	Line and	510	Feet From The	West	
Line of Section	23	Township	26N	Range	18W		NMPM,	San Juan	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)					
Four Corners Pipeline Co. Giant Refinery Refining, Inc.	P.O. Box 1588 Farmington, N.M. 87401 P.O. Box 256 Farmington, N.M. 87401					
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)					
TEXACO, Inc.	P.O. Box EE Cortez, Colorado 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	1975

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-29-74	1-3-75	6380'	6348'					
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5608 GR	Barker Creek	6281'	6339'					
Perforations			Depth Casing Shoe					
6281'-6305'			6380'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SACKS CEMENT					
17 1/2	13-3/8"	80'	125					
12 1/4	9-5/8"	1589'	600					
8-3/4	7"	6380'	300					
---	2-7/8"	6339'	---					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-3-75	1-14-75	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	225	225	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
326	326	27	261

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

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.

Alvin R. Many
(Signature)

Field Foreman

(Title)

January 16, 1975

(Date)

OIL CONSERVATION COMMISSION

JAN 29 1975

APPROVED
Original Signed by David J. Arnold
BY

TITLE SUPERVISOR DIST. #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.