ſ	NO. OF COPIES RECEIVED						
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ŀ		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-104 and				/	
I	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C Elfoctive 1-1-65	-104 and C-110	
١	FILE		AND		2110011110 2-1-03	/	
- 1	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NA	TURAL GAS	./		
	LAND OFFICE						
	TRANSPORTER OIL				.*		
	GAS				1		
ı	OPERATOR				1		
.	PRORATION OFFICE						
1.	Operator						
	TEXACO INC.				/		
ŀ	Address				<del>/</del>		
		Danitor CO 90201					
J	P. O. Box 2100, I		Other (Please et	atain I			
- 1	Reason(s) for filing (Check proper box)				ange of owne	rehin	
	New We!1	Change in Transporter of:			to Te		
	Recompletion	Oil Dry Ga			10 16	- Xacu	
	Change in Ownership X	Casinghead Gas Conden	sate Producti	ig inc.			
	If change of ownership give name and address of previous owner	Texaco Oils Inc., P.	O. Box 2100,	Denver,	CO. 80201		
II.	DESCRIPTION OF WELL AND I	LEASE			<del></del>	<del></del>	
	Lease Name	Well No. Pool Name, Including F		ind of Lease		Lease No.	
	Frew Federal	8   WAW Fruitla	ind P.C.	tate, Federal or	Fee Federal	M05602	
	Location						
	т 181	50 Feet From The South Lin	. 1450	Feet From The	Eact		
	Unit Letter ;;;	Feet From The Bodell Lin	e and	reetrion ine			
	Line of Section 19 Tow	mship 26N Range	12W , NMPM,	San Ju	20	County	
	Line of Section 19 Tow	mship 26N Range	TZVV , INNIF IM,	San Ju	all		
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s				
11.	Name of Authorized Transporter of Cas El Paso Natural Gas	or Condensate	Address (Give address to P.O. Box 990	which approved ), Farmi	copy of this form is to	be sent)	
11.	Name of Authorized Transporter of Oil Name of Authorized Transporter of Cas	or Condensate	Address (Give address to	which approved ), Farmi	copy of this form is to	be sent)	
11.	Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas  El Paso Natural Gas	or Condensate	Address (Give address to P.O. Box 990	which approved ), Farmi	copy of this form is to	be sent)	
	Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas  El Paso Natural Gas  If well produces oil or liquids, give location of tanks.	or Condensate	Address (Give address to P.O. Box 99)	which approved ), Farmi , when	copy of this form is to	be sent)	
	Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas El Paso Natural Gas  If well produces oil or liquids, give location of tanks.  If this production is commingled with	or Condensate	Address (Give address to P.O. Box 99)	which approved  ), Farmi  When  wumber:	copy of this form is to ngton, NM (	be sent) 3740 <u>1</u>	
	Name of Authorized Transporter of Oil  Name of Authorized Transporter of Cas El Paso Natural Ga: If well produces oil or liquids, qive location of tanks.  If this production is commingled with  COMPLETION DATA	or Condensate or Dry Gas X S CO. Unit Sec. Twp. Pge. th that from any other lease or pool,	Address (Give address to P.O. Box 99)	which approved  ), Farmi  When  wumber:	copy of this form is to ngton, NM (	be sent) 3740 <u>1</u>	
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Actual Prod. Test-MCF/D Gravity of Condensate Bble. Condensate/MMCF Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.)

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

TEXACO INC. As Operator for TEXACO PRODUCING INC.

		A. A. KUTRGI	
		(Signature)	
AI	REA SUPI	ERINTENDENT	
		(Title)	
6,	/19/87		. <u></u>
		(Date)	

OIL CONSERVATION COMMISSION

3

JUN 26 1987 APPROVED. BY.

SUPERVISION DISTRICT # 8 TITLE \_

This form is to be filed in compliance with MULE 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.

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for such pool in multiply completed wells.