	EIVED
DISTRIPLE	OH
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	CIL
	G 4 3
OPERATOR	
PROPAT ON CT	ICE

	DISTRICTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTEH G43	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND AMSPORT CIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
I.	OPERATOR PROPAT ON OTRICE Operator Texaco Inc., Operator for Trxaco Producing Inc. (TPI)					
	4601 DTC Blvd, Denver, Colorado 80237					
	Reason for fining ((Aeck proper box, New We) Recompletion Change in Exercising	Change in Transporter of: Oil Cry Ga Casinghead Gas Conder	s 🔲 Company to Te	erator from Getty Oil exaco Inc. (Operator		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pack Name Kind of Lease Lease No.					
	John Charles	5 South Blanco		Ledie No. 149-846		
	Unit Letier H : 18	50 Feet From The North Lin	90 Feet 710m	_{n The} East		
	Line of Section 13 Tow	vaship 27N Bange 9	9W , NMPM,	San Juán - county		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oil	or Condensate	Audress (Give address to which appr	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas El Paso Natural Gas		P.O. Box 990, Far	mington, N.M. 87499		
	If well produces oil or libuids, give location of tarks.	Unit Sec. Twp. Ege.	Is gas detually connected? Wes	'i er		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA					
1 .	Designate Type of Completio	on ~ (X)	New Well Worksher Deepen	Flug Back Same Resty, Diff Resty,		
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	F.B.T.D.		
	Electricis (DF, RAD, RI GR, etc.)	Name of Producing Formation	For Dil 'Gas Pay	Tubing Depth		
	: erforations		J	Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
• 1	TECT DATA AND DECUEST TO	OD ALLOWADIE CO.	6			
₩.	TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL Date of Test Content of the depth or be for full 24 hours					
	Care First New Ct. Pun To Tanks	Date of Test	Producing Method (r.tou, pump, gas	isfit escap		
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Teet	Cii-Bbie.	Water-Bble.	Gas - MCP		
	GAS WELL Autor, Prog. Togt-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-ia)	Choke Size		
	CERTIFICATE OF COMPLIANO	CE	OH CONSERV	ATION COMMISSION		
VI.	CENTIFICATE OF COMPENSATION		JAN 25 (1980)			
	I hereby certify that the rules and r Commission have been complied w		APPROVED	, 19		
	above is true and complete to the		BY	- Xu-e		
	Q ₁	•	11166	SUPERVISOR DISTRICT == 3 n compliance with RULE 1104.		
	- HALL		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			
	District Manag	•	tests taken on the weil in acc	cordance with RULE 111.		
	X		II WIT SECTIOUS OF CUTS TOLDS D	**** ** ***** *** ******** ** ***		

(Title) 1/28/85 (Date)

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.