NO. OF COPIES REC	EIVED			
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U.S.G.S.				
LAND OFFICE				
RANSPORTER	OIL	1		
	GAS	1		
DREBATOR		 	$\overline{}$	

-110

	CISTRIBUTION SANTA FE FILE	NEW MEXICO OI	L CONSERVATION COMMISSION ST FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS			
	IRANSPORTER OIL GAS OPERATOR		i				
1.	PRORATION OFFICE Operator						
		nc., Operator for T xaco Producing Inc. (TPI)					
	Reasor For filing (Check proper	Blvd, Denver, Color					
	New We Recomple in Connership Recomple in Connership Recomple in Connership Rive name Recomple in Connership Rivership Rivers	Change in Transporter of: Oil	Change of Ope Company to Te	rator from Getty Oil xaco Inc. (Onerator			
	and address of previous owner						
	DESCRIPTION OF WELL AN	Well No. Pool Name, Including	Formation Kind of Leas	e			
	Charley Pah	4 South Bland		the cree Indian 149-846			
	Unit Letter J : 1	750 Feet From The South L	line and 1400 Feet From	_{The} _East			
Į	Line of Section 12	Township 27N Bange	9W , NMPM,	San Juan Sunty			
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	GAS				
<u>}</u>	Permian Corp	or Condensate X	P.O. Box 1528, Den	ver. CO 80201			
E	Name of Authorized Transporter of El Paso Natural Gas	Castinghead Gas or Dry Gas _X	Address Give address to which approv	red copy of this form is to be sent			
	If well produces oil or liquids, give location of tarks,	Unit Sec. Se	P.O. Box 990, Farm				
τ Ιν. (f this production is commingled a COMPLETION DATA	with that from any other lease or pool					
	Designate Type of Complete	Oil Well Gas Well	New Ne. Workover Deepen	Flug Back Same Resty, Diff. Resty,			
-	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DE. RAP. RT. GR., etc.)	Name of Draductor Sur-	Tue 11. Gas Pay	F.B.T.D.			
-			- No The Gas Pay	Tubing Depth			
	Feil stations			Depth Casing Shoe			
-	10.50.75		D CEMENTING RECORD				
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
-							
V. T	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil as epth or be for full 24 hours)	nd must be equal to or exceed top allow-			
Ī	, ate First Ne / Ci. Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)			
-	_ength of Test	Tubing Pressure	Casing Prisating	Choke Size			
-	Actual Frod. During Teet	Oti-Bbis.	Water - 9bls.	Gae • MCF			
_							
	AUS IN Prod. TOUL-MOE /D		· · · · · · · · · · · · · · · · · · ·				
		Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate			
_	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
/I. C	ERTIFICATE OF COMPLIAN	TFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION OF THE COMPLIANCE		TON COMMISSION			
	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.		APPROVED	JAN 21			
-0	complete to th	e best of my knowledge and belief.	BY	No comment			
	An H	-		UPERVISOR DISTITUTE A			
	TH		This form is to be filed in co. If this is a request for allower	bie for a newly drilled or deepened			
		atwe)	well, this form must be accompani- tests taken on the well in accords	ed by a tabulation of the deviation			
		ager/Farmington		be filled out completely for allow-			

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.