HO. OF COPIES RECEIVED			•		
DISTRIBUTION SANTA FE	1	INSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-1/c		
FILE		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURE	SELVED		
I RANSPORTER OIL		W. E	GEINE		
GAS		MA			
OPERATOR  PRORATION OFFICE		$Ou^{m_{A_i}}$	R141904		
Operator TEXACO Inc.,		O/L C	$O_{N_{I}}$		
Addaga	- 1 2 0		57. 2 D/V.		
	, Denver, Colorado 8				
Reason(:) for filing (Check proper box)	) Change in Transporter of:	Ther (Please explain)			
Recompletion	Oil Dry Gas				
Change in OPERATOR	Casinghead Gas Condens				
If change of ownership give name D	ome Petroleum Corp.,	1625 Broadway, Denv	er, Colorado		
	•				
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	,	Lease No.		
DOME FEDERAL 17-27-	13   4 MAN FRUTUAND-1	PICTURED CUFF   State, Federal	or Fee FEDENAL		
Unit Letter G : 183	O Feet From The NORTH Line	and 1690 Feet From T	he <u>EAST</u>		
Line of Section To	waship 27N Range 12	SW , NMPM, SAN J	UAN County		
II. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)		
Name of Authorized Transporter of Oil	or Condensate	Madiesz (Othe addiesz to muteu abbion	te copy of this form is to be semi		
Name of Authorized Transporter of Cas		Address (Give address to which approv			
EL PASO NATURAL GAS C	Unit Sec. Twp. Pge.	P.O. Box 990, FARMINGTON Is gas actually connected? Whe	J, NM 87401		
If well produces oil or liquids, give location of tanks.		No !			
	th that from any other lease or pool,	give commingling order number:	<del></del>		
IV. COMPLETION DATA  Designate Type of Completion	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spuadeo					
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			j		
V. TEST DATA AND REQUEST F	EST 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)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(i, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water-Bbls. WAY To be	Gas-MCF		
Actual Prod. During Test	On-Bbls.	011 0 71564			
	CON. DIV				
GAS WELL	Length of Test	Bbis. Condensate/MMCF 3	Gravity of Condensate		
Action. Pleas. 1001-18.0.75					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION		
		APPROVED MAY O	7 1984		
Came series have been complied	regulations of the Oil Conservation with and that the information given	Sm. h S(4)			
above is true and complete to th	ne best of my knowledge and belief. ator for Texaco Oils	Inc. SUPERVISOR DISTRICT 報			
TEARCO THE. 45 OPEL	TOT TOT TOWARD OTTO	TITLE			
about mont	Ol Pm-		wable for a newly drilled or deepened		
1514	nature)	well, this form must be accompanied by a tablistion of the desired 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. end VI for changes of owner.			
Field Supt.	(itle)				
3-9-84	****				
	Marks:				
מוזים מוזי ליים מוזיים איים מוזיים	אפה ה	-nmoleted wells.			

	NO. OF COPIES RECEIVED		•			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C=104		
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	OIL					
	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator TNG			7		
	TEXACO INC.					
P. O. Box 2100, Denver, CO. 80201  Reason(s) for filing (Check proper box)  Other (Name explain)						
	New We!l Change in Transporter of: This repers change of owners					
	Recompletion	Oil Dry Ga		. The. to Texaco		
	Change in Ownership X Casinghead Gas Condensate Condensate Inc.					
	If change of ownership give name Toward Oils Inc. P. O. Boy 2100 Donwor CO 20201					
	and address of previous owner	Texaco Oils Inc., P.	O. Box 2100, Denver	c, CO. 80201		
11	DESCRIPTION OF WELL AND I	FACE				
II. DESCRIPTION OF WELL AND LEASE.  Lease Name Well No. Pool Name, Including Formation Kind of Lease						
	Dome Federal 17-27-	-13 4 WAW Fruitla	nd P.C. State, Federal	orFoo Federal		
	Location					
	Unit Letter G ; 183	30 Feet From The N Lin	e and 1690 Feet From T	he <u>E</u>		
				_		
	Line of Section 17 Tow	mship 27N Range	13W , NMPM, San J	uan County		
178	DECICHATION OF TRANSPORT	TED OF OUT AND NATURAL CA	e			
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)		
		_				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approv	ed copy of this form is to be sent)		
	El Paso Natural Gas	Co.	P. O. Box 990, Far	mington. NM 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? Whe	n		
	give location of tanks.	1 1 1	Yes			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
IV.	Plug Back   Same Res'v. Diff, Res'v.					
	Designate Type of Completio	n = (X)				
	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	<u> </u>		Depth Casing Shoe		
	Periorations			,		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				ļ		
			<u> </u>			
V.		EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able 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 lif	i, etc.)		
	Date, Mar How Old Hall To Tall S					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gds-MCF		
			1			
	GAS WELL	It seems of Tool	Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bote. Contamedia/MMCF	G. Striff of Goldenbure		
	Tration Mathed Inions Seek on I	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Trong Lineard & State 122				
			OIL CONSERVA	TION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION IN 26 1987		
				, 19		
	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.		BY			
			BYBmot			

TEXACO INC. As Operator for

(Signature)

(Date)

TEXACO PRODUCING INC.

OBOTO MAR BURNET

AREA SUPERINTENDENT

6/19/87

Separate Forms C-104 must be filled for each pool in multiply completed wells.

JUN2 6 1987

OIL CON. DIV.

SUPERVISION 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 despened 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.