	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL	Form C-104 Supersedes Effective 1-				
1.	LAND OFFICE  I RANSPORTER OIL / GAS / OPERATOR   PRORATION OFFICE Operator							
	TEXACO Inc.							
	Address  P O Box 810. Fari	mington, New Mexico	87401					
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New We!!  Recompletion Change in Ownership	Change in Transporter of:  Oil Dry Gas  Casinghead Gas Condens	Effective M	arch 1, 1967				
'	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	LEASE						
	Lease Name	Lease No.   Well No.   Pool Nam	e, Including Formation sin Dakota	Kind of Lease State, Federal or F				
	Unit LetterG; 18	50 Feet From The North Line	and 2310 Feet Fro	om The East				
	Line of Section 23 Tow	mship 29-N Range	12-W , NMPM,	San Juan				
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate Y	Address (Give address to which ap	proved copy of this form				
	The Permian Corpor	ation	Box 3119, Midla Address (Give address to which app	nd, Texas 7				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X						
	Southern Union Gat		Fidelity Union Is gas actually connected?	When				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  G 23 29N 12W	Yes	11-1-66				
	If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:					
IV.	COMPLETION DATA OIL Well Gas Well New Well Workover Deepen Plug Back Sam							
	Designate Type of Completion	n = (X)		<u> </u>				
	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			Depth Casing Shoo				
		THE WAS CASING AND	CEMENTING DECORD					
	HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS				
	HOLE SIZE							
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load	oil and must be equal to				
	OIL WELL  Date First New Oil Run To Tanks  Date of Test  Date of Test  Date of Test							
	Length of Test	Tubing Pressure	Casing Press 1967	Choke Size				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbil. FB 28 1967	JM Bas - MCF				
			OIL CONT. 3					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conder				
			Casing Pressure	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure						
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSER	RVATION COMMIS 1967				
	Commission have been complied	regulations of the Oil Conservation with and that the information given		by Fmery C A.				
	above is true and complete to the	e best of my knowledge and belief.	SUPERVISOR DIST. #3					
			This form is to be filed	in compliance with				
	U.G.Fran	me	If this is a request for a	llowable for a newly				

February 28, 1967

## COMMISSION BLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

State, Federal or Fee Federal

r Of OIL AND NATURA  or Condensate  tion  thead Gas or Dry Gas  ering Co.  nit   Sec.   Twp.   Ra  C   23   29N   1  that from any other lease or	Address ( BO) Address ( Fig.  Is gas act	x 3119, Give address t	Midland which appro Jnion To	ved copy of thi d, Texas ved copy of thi ower, Da	B 7970 is form is to	Ol be sent)			
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G 23 29N 1 that from any other lease or	.2 <b>W</b>		<b>-</b> . ,			102200			
that from any other lease or		160	!	11-1-	<b>-</b> 66				
			number:						
0/1 9/-11 0 4	poor, give comm	inging order			<del></del>	15.0 5 -4			
— (X) Oil Well Gas W	Vell New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Resf			
rate Compl. Ready to Prod.	Total Der	oth	.L	P.B.T.D.					
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth				
				Depth Castr	ng Shoe				
					-				
TURING CASING	AND CEMEN	TING RECOR	D						
				S/	ACKS CEM	ENT			
OAGING 4 TOOMS									
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ALLOWABLE (Test mu	it be after recover	ry of total volu	me of load oil	and must be e	qual to or e	xceed top allo			
				(ft, etc.)					
		Oth	14 rm	\					
Cubing Pressure	Casing P		- 1067	110					
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Oil-Bbie.	Water - B		$\sim N$ .	Gas - MCF					
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ength of Test	Bbis. Co	ndenegte/MMC	F	Gravity of	Condensate				
Sendin of Lesi									
Fubing Pressure	Casing F	, tesente		Choke Size	1				
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RIFICALE OF COMPENSAGE				<u></u>					
gulations of the Oil Conserv	ation APPR	OVED		91		19			
mmission have been compiled with and that the information given bye is true and complete to the best of my knowledge and belief.				ey Original Signed by Emery C. Arnold					
ALS THE BUT COMPLETE TO THE SEEL OF MY MISSING-BUT COMPLETE			SUPERVISOR DIST #3						
				1116					
	Т	This form is to be filed in compliance with RULE 1104.							
	- Ilaurit	this form mus	t be accomp	anied by a te	abulation o	I the dealets			
WP) . 1 . 2 Marini 2 2 3 3 3	tests	taken on the	well in acc	ordance with	RULE	١.			
		il sections of	this form m	ust be filled	out comple	stely for allo			
(Title) February 28, 1967 (Date)				Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporten or other such change of condition and Forms C-104 must be filed for each pool in multip					
3(1)	(1)		18"C-104 mu	et be filed i	or wach P				
S(1) RJL(1) File	(1)   compi	eparate Form eted wells.	ia"C-104 mu	et de filed (	tor water p				
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