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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Texaco Inc.	
Address P. O. Box 810, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Lease name changed from State of N. M. Unit "O"
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico Com 0	Lease No. (B-5316)	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee State
Location				
Unit Letter N	1190	Feet From The South	Line and 1720	Feet From The West
Line of Section 36	Township 30 North	Range 10 West	, NMPM, San Juan County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 30N	Rge. 10W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

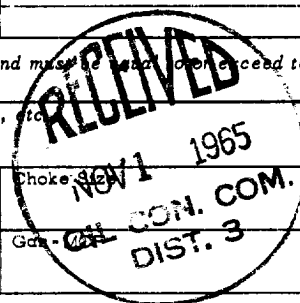
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-13-65	Date Compl. Ready to Prod. 6-30-65		Total Depth 7050'		P.B.T.D. 7046'			
Elevations (DF, RKB, RT, GR, etc.) 5903'DF	Name of Producing Formation Dakota		Top Oil/Gas Pay 6786'		Tubing Depth 7026'			
Perforations					Depth Casing Shoe 7050'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	318	175
7 7/8"	4 1/2"	7050	1010
	2 3/8"	7026	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be held open at least 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 lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.



GAS WELL

Actual Prod. Test-MCF/D 2960	Length of Test 3 hours	Bbls. Condensate/MMCF 7	Gravity of Condensate 54
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 2100	Casing Pressure 2105	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

C. P. Farmer
(Signature)
District Superintendent
(Title)
October 29, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 1 1965**, 19_____
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 3**

This form is to be filed in compliance with RULE 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 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.