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DISTRIBUTION			
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FILE			
U.\$.G.\$.			
OIL			
GAS			
	OIL	OIL	

	DISTRIBUTION SANTA FE FILE	1 .	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE I HANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURA	L GAS	
I.	Operation OFFICE TEXACO INC.				
	Address P. O. Box EE, Cortez, CO. 81321 Recoon(s) for filing (Check proper box) New We!l Change in Transporter of: Recompletion Oil Dry Gas Energy Corp., now it is Giant Change in Ownership Casinghead Gas Condensate X Industries Inc.				
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND I Lease Name New Mexico Com P Location Unit Letter A ; 7	LEASE Well No. Pool Name, Including Fo 1 Basin Dako	ta State, Fed	derot or Fee State E5316	
	Line of Section 36 Tow	unship 30N Hange 1	0W , NMPM, Sa	n Juan County	
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Giant Industries Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas (Address (Give address to which approved copy of this form is to be sent) ElPaso Natural Gas Co. P. O. Box 990, Farmington, NM 87401 If well produces oil or liquids, Unit Sec. Twp. Page. Is as actually connected? When give location of tanks. A 36 30N 10W Yes 8/17/66				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling order number: New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Derth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
v.		DR ALLOWABLE (Test must be af	ter recovery of total volume of load pit or be for full 24 hours)	oil and must be squal to or exceed top allow-	
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oti-Bble.	Water - Bble.	Gan • MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	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.		OIL CONSERVATION COMMISSION APPROVED BY SUPERVISOR DISTRICT 7 3		
Signature) AREA SUPERINTENDENT (Title) ARE 2 7 1027			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.		
	(Date)		well name or number, or transporter, or other such change of condition.		

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.