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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION OFFICE	

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

I.

Operator TEXACO Inc.	
Address Box 810, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well: <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico Com N	Lease No. E-3149	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State
Location					
Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>					
Line of Section <u>36</u> Township <u>30-N</u> Range <u>12-W</u> , NMPM, <u>San Juan</u> County					

III. 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		Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 36
	Twp. 30N	Rge. 12W
	Is gas actually connected? <u>No</u> When	

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

IV. 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 1-2-66	Date Compl. Ready to Prod. 2-24-66		Total Depth 6562'		P.B.T.D. 6561'			
Elevations (DF, RKB, RT, GR, etc.) 5772' DF	Name of Producing Formation Dakota		Top Oil/Gas Pay 6408'		Tubing Depth 6525'			
Perforations 6408'-6416', 6490'-6510', 6530'-6535', 6552'-6561'					Depth Casing Shoe 6562'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		347'		150			
7-7/8"	4-1/2"		6562'		1070			
	2-3/8"		6525'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equivalent or exceed for 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-MCF

GAS WELL

Actual Prod. Test-MCF/D 5959	Length of Test 3 hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure 1888	Casing Pressure 1908	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.

Albert J. Arnold
(Signature)
District Superintendent
(Title)
August 17, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 17 1966, 19____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE _____

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.