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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Box 2100 , Denver, Co. 80201	
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 C	Well No. 1A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee State	Lease No. B-10870
Location				
Unit Letter D	790	Feet From The North	Line and 840	Feet From The West
Line of Section 36	Township 30N	Range 10W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corp.	Box 1183 Houston, Texas 77001					
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 Co.	Box 990 Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 30N	Rge. 10W	Is gas actually connected? yes	When 12-1-80

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 9-15-80	Date Compl. Ready to Prod. 10-23-80		Total Depth 4940		P.B.T.D. 4900			
Elevations (DF, RKB, RT, GR, etc.) 5988 KB	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4159		Tubing Depth 4890			
Perforations 4159 to 4894					Depth Casing Shoe 4940			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9-5/8		260		175			
8-3/4	7		2613		600			
6-1/4	4-1/2 liner		2626' @ 4936'		300			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 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 2936	Length of Test 3 hr	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) pos. choke	Tubing Pressure (shut-in) 954	Casing Pressure (shut-in) 954	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.

Oliver R. Mares
(Signature)
Field Foreman
(Title)
12-4-80
(Date)

NMOCC(5) GLE ARM JHP

OIL CONSERVATION COMMISSION

APPROVED DEC 8 1980, 19
Original Signed by FRANK T. CHAVEZ
BY
TITLE SUPERVISOR DISTRICT # 5

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.