

NO. OF COPIES RECEIVED		DISTRIBUTION		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 1-1-85	
SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE							
TRANSPORTER		OIL					
		GAS					
OPERATOR							
PRORATION OFFICE							
Operator							
TEXACO INC.							
Address							
P.O. Box EE, Cortez, CO. 81321							
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well <input 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 checked="" type="checkbox"/>			
Change of ownership give name and address of previous owner				Previous transporter was Permian, now it is Gary Energy Corp.			
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.		Pool Name, Including Formation		Kind of Lease	
New Mexico Com C		1A		Blanco Mesa Verde		State, Federal or Fee State	
Location						Lease No.	
						B10870	
Unit Letter <u>D</u> ; <u>790'</u> Feet From The <u>N</u> Line and <u>840'</u> Feet From The <u>W</u>							
Line of Section <u>36</u> Township <u>30N</u> Range <u>10W</u> , NMPM, San Juan County							
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)			
Gary Energy Corp.				115 Inverness Dr., Englewood, CO. 80112			
Name of Authorized Transporter of Casinghead Gas <input 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.				P. O. Box 1492 El Paso Tx. 79978			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		D	36	30N	10W	yes	12/1/80
If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
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 Shoe	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
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		Casing Size	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		MCF	
GAS WELL							
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MM		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size	
CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
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.				APPROVED <u>1986</u> 19			
				BY <u>SUPERVISOR DISTRICT 3</u>			
				TITLE <u></u>			
SIGNED A. R. MARX				This form is to be filed in compliance with RULE 1104.			
(Signature)				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.			
AREA SUPERINTENDENT				All sections of this form must be filled out completely for allowable on new and recompleted wells.			
(Title)				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.			
10/10/86							