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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

I. Operator <b>TEXACO Inc.</b>		
Address <b>Box 810, Farmington, New Mexico 87401</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

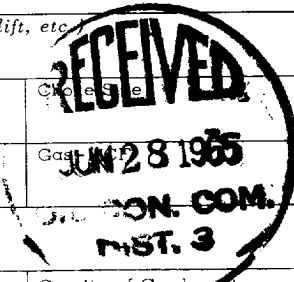
II. DESCRIPTION OF WELL AND LEASE		
Lease Name <b>State of New Mexico Unit "M" 1</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Basin Dakota</b>
Kind of Lease State, Federal or Fee		<b>State</b>
Location		
Unit Letter <b>A</b>	<b>1190</b> Feet From The <b>North</b> Line and <b>1190</b> Feet From The <b>East</b>	
Line of Section <b>36</b>	Township <b>31-N</b>	Range <b>12-W</b> , NMPM, <b>San Juan</b> 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)	
<b>None at present time</b>	<b>-</b>	
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)	
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b> Sec. <b>36</b> Twp. <b>31-N</b> Rge. <b>12-W</b>	Is gas actually connected? <b>no</b> When <b>July 1, 1965</b>


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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>	
Date Spudded <b>7-29-64</b>	Date Compl. Ready to Prod. <b>9-28-64</b>	Total Depth <b>6985'</b>
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Basin Dakota</b>	Top Oil/Gas Pay <b>6888'</b>
Perforations <b>6913' to 6920', 6888' to 6891'</b>		Tubing Depth <b>6928'</b>
Depth Casing Shoe <b>6985'</b>		
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
<b>11"</b>	<b>8-5/8"</b>	<b>611'</b>
<b>7-5/8"</b>	<b>5-1/2"</b>	<b>6985'</b>
<b>-</b>	<b>2-1/16"</b>	<b>6928'</b>
		SACKS CEMENT
		<b>300</b>
		<b>500</b>
		<b>-</b>

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 <b>-</b>	Date of Test <b>-</b>	Producing Method (Flow, pump, gas lift, etc.) <b>-</b>
Length of Test <b>-</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>
Actual Prod. During Test <b>-</b>	Oil-Bbls. <b>-</b>	Water-Bbls. <b>-</b>



GAS WELL		
Actual Prod. Test-MCF/D <b>2,468 MCF</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF <b>4</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure <b>1,500 PSI</b>	Gravity of Condensate <b>52.0°</b>
		Casing Pressure <b>None</b>
		Choke Size <b>3/4"</b>

VI. 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 <b>JUN 28 1965</b> , 19
 <b>C. P. Farmer, District Superintendent</b> (Title)		BY <b>Original Signed Emery C. Arnold</b>
(Date)		TITLE <b>Supervisor Dist. # 3</b>
		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 Sections I, II, III, and VI only 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.