

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C - 04
Supersedes Old C-104 and C-110
Effective 1-1-65

B.R.

I. Operator
Kenai Oil and Gas Inc.

Address
717 17th Street, Ste. 2000, Denver, CO 80202

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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 Federal #7	Well No. #13	Pool Name, Including Formation Lybrook (Ext.) Gallup	Kind of Lease State , Federal XXXX	Lease No. NM-23051
Location Unit Letter L ; 1650 Feet From The South Line and 790 Feet From The West Line of Section 7 Township 23 North Range 7 West , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) 5800 E. Main St., Farmington, NM 87401
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)
If well produces oil or liquids, give location of tanks.	Unit L Sec. 7 Twp. 23N Rge. 7W Is gas actually connected? No When 7/1/80

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.
Date Spudded 12/31/79	Date Compl. Ready to Prod. 5/4/80	Total Depth 6560'	P.B.T.D. 5530'					
Elevations (DF, RKB, RT, GR, etc.) 7119'GR, 7129'KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5343-49'	Tubing Depth 5444'					
Perforations 6502-6517'; 5343-49'; 5462-70' (47 holes)			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	320'	275 SXS.					
7-7/8"	4-1/2"	6551'	875 SXS.					
	2-3/8" tbq.	5320'						

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 that allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/6/80	Date of Test 7/20/80	Producing Method (Flow, pump, gas lift, etc.) Pump	112211280
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 25	Choke Size 2" line 3
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 20	Gas - MCF 68

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.

George B. Jued
(Signature)

Manager - Drilling and Production

(Title)

July 24, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 11 1980 , 19

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT #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 multiple