

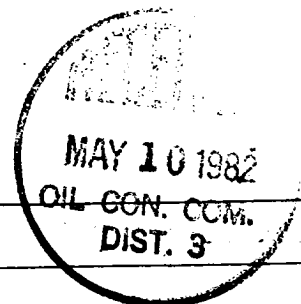
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR WELL LEASE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Kenai Oil & Gas Inc.	
Address 717 17th Street Suite 2000 Denver, CO 80202	
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 Federal 6	Well No. 43	Pool Name, Including Formation Lybrook-Gallup Ext.	Kind of Lease State, Federal or Foreign Federal	Lease No. NM-23049
Location Unit Letter I ; 2040 Feet From The South Line and 340 Feet From The East Line of Section 6 Township 23N Range 7W, 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"/> Plateau	Address (Give address to which approved copy of this form is to be sent) 4775 Indian Sch. Rd NE P.O. Box 26251 Al, NM 871	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mesa	Address (Give address to which approved copy of this form is to be sent) Box 2009, One Mesa Square Amarillo, TX 79133	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 6
	Twp. 23N	Rge. 7W
	Is gas actually connected? No When June 1982	

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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 8/12/81	Date Compl. Ready to Prod. 12/21/81		Total Depth 5810' MD		P.B.T.D. 5758' MD			
Elevations (DF, RKB, RT, GR, etc.) 7007' GR	Name of Producing Formation Upper Gallup		Top Oil/Gas Pay 5324'		Tubing Depth 5492'			
Perforations 5533-5694					Depth Casing Shoe 5793'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		356' MD		250 sxs.			
7 7/8"	5 1/2"		5793'		1175 sxs.			
	2 3/8"		5492					

## 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 4/27/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 0	Gas - MCF 80

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Manager of Production

(Title)

May 5, 1982

(Date)

## OIL CONSERVATION COMMISSION

MAY 10 1982

APPROVED \_\_\_\_\_, 19

BY Original Signed by FRANK T. CHAVEZ

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 deepen 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 all wells 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 multi-completed wells.