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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

B.I.

I. Operator
KERR-MOGEE CORPORATION

Address
215 PETROLEUM CENTER BLDG. - FARMINGTON, NEW MEXICO 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner **N/A**

II. DESCRIPTION OF WELL AND LEASE

Lease Name NAVAJO "J"	Well No. 1	Pool Name, Including Formation WILDCAT	Kind of Lease State, Federal or Fee INDIAN	Lease No. 14-20-0603-9923
Location Unit Letter A ; 790' Feet From The North Line and 790' Feet From The East Line of Section 23 Township 23N Range 20W , NMPM, San Juan 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"/> Rock Island Oil & Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 328, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) N/A
If well produces oil or liquids, give location of tanks. Unit A Sec. 23 Twp. 23N Rge. 20W	Is gas actually connected? No When N/A

If this production is commingled with that from any other lease or pool, give commingling order number: **N/A**

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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 9-27-67	Date Compl. Ready to Prod. 11-15-67	Total Depth 4300'	P.B.T.D. 4233'
Elevations (DF, RKB, RT, GR, etc.) 9127' GR	Name of Producing Formation McCracken	Top Oil/Gas Pay 3974'	Tubing Depth 4035'
Perforations 4028'-4018', 4008'-3982'			Depth Casing Shoe 4300'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8" OD	1270'	850 sxs
8-3/4"	5-1/2" OD	4300'	250 sxs

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 11-16-67	Date of Test 11-19-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 28	Casing Pressure 5	Choke Size None
Actual Prod. During Test 221.7	Oil-Bbls. 160.0	Water-Bbls. 61.7	Gas-MCF 17.4

GAS WELL	
Actual Prod. Test-MCF/D N/A	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)
Bbls. Condensate/MMCF	Gravity of Condensate
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.

Production Supt.

November 20, 1967

(Signature)

(Title)

(Date)



OIL CONSERVATION COMMISSION

NOV 21 1967

APPROVED _____, 19 _____

BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #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 multiply completed wells.