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

B.K.

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:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal #6	Well No. 41	Pool Name, including Formation Gallup (Upper, Lower)	Kind of Lease XXX, Federal XXXX	Lease No. NM-11578
Location				
Unit Letter A ; 990 Feet From The North Line and 830 Feet From The East				
Line of Section 6 Township 23North Range 8West, NMFM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corp.	Box 1528, 5800 E. Main St., Farmington, NM 8740					
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 A	Sec. 6	Twp. 23N	Rge. 8W	Is gas actually connected? No	When 8/1/80

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/28/80	Date Compl. Ready to Prod. 5/29/80	Total Depth 6440'	P.B.T.D. 5300'					
Elevations (DF, RKB, RT, GR, etc.) 6937'KB - 6927'GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5128-37'	Tubing Depth 5146'					
Perforations Upper Gallup: 5128-37' w/0.38" holes--3 jspf. Lower Gallup: 5238-46' w/0.38" holes--3 jspf.			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	Csg. 8-5/8"		588'		385 sxs.			
7-7/8"	Csg. 4-1/2"		6437'		1125 sxs., 50/50 Poz			
	Tbg. 2-3/8"		5146'		None			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal for depth or be for full 24 hours)

Date First New Oil Run To Tanks 5/18/80	Date of Test 6/3/80	Producing Method (Flow, pump, gas lift, etc.) Flowing w/plunger lift	
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure 425	Choke Size 1/2" or 3/4"
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 2	Gas-MCF 60

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.

George B. Judd
(Signature)
Manager - Drilling and Production
(Title)
June 17, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY Original Signed by FRANK T. HAVES

TITLE SUPERVISOR DISTRICT # 3

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.