

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 15 1980

OIL CONSERVATION DIVISION  
SANTA FE

Operator  
KENAI OIL AND GAS INC.  
Address  
717 17th Street, Suite 2000, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name DOME FEDERAL #13	Well No. 41	Pool Name, including Formation Wildcat-Dakota Gallup	Kind of Lease XXX Federal XXXX	Lease No. NM-14442
Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>1080</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>23 North</u> Range <u>8 West</u> , NMPM, <u>San Juan</u> 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) P.O. Box 1528, 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 A	Sec. 13	Twp. 23N	Rge. 8W
	Is gas actually connected?		When	
	No		11/1/80	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/2/80	Date Compl. Ready to Prod. 6/30/80		Total Depth 6465'		P.B.T.D. 6025'			
Elevations (DF, RKB, RT, GR, etc.) 7068'GR; 7078' KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5330-32'		Tubing Depth 5205.59'KB			
Perforations (See attached Completion History Report)					Depth Casing Shoe 6464.39'KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" Casing		557'KB		360 sxs.			
7-7/8"	4-1/2" Casing		6464.39'KB		1st Stage--125 sxs.			
	2-3/8" Tubing		5205.59'KB		2nd Stage--200 sxs.			

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of load oil and must be held for 24 hours before top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/2/80	Date of Test 8/2/80	Producing Method (Flow, pump, gas lift, etc.) Flowing w/plunger lift	
Length of Test 4 hrs.	Tubing Pressure 300	Casing Pressure 700	Choke Size 2 1/2" N. COA
Actual Prod. During Test	Oil - Bbls. 2.31	Water - Bbls. tr.	Gas - MCF 21833

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. Judd  
(Signature)  
Manager - Drilling and Production  
(Title)  
August 13, 1980  
(Date)

OIL CONSERVATION COMMISSION

AUG 18 1980  
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 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